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The Next Four Years

L. CHAPTAL

THE editor has asked me to state my plans for the International Council of Nurses for the four years that began in Montreal in the month of July, 1929. It seems to me that I have not yet had time to think over this very wide matter. But some ideas have come forward that I can try to state in a few words, even if some of them are not quite new, and if some of them are not quite old enough to be worked upon before some time and some thought have been spent in studying their potentialities.

MLLE. CHAPTAL

What appears to me most important is to help all the new countries that have come to the I. C. N., either as affiliated countries, or through associate national representatives, to progress in nursing by constant intercourse as well as by the continuous working organization of the standing committees in existence. Education, Public Health, Private Duty, Mental Hygiene—all those four committees have done beautiful work already. This is especially true of the Education and the Public Health Committees, which began work earlier than the others. The Education Committee has yet to define the right standards of training. It will not be an easy task to progress in its arduous work, were it only to find the right definition for the much used term "trained nurse." The standards of nursing not only as a science or an art, but its requirements as to the capacity of the nurse—body, mind, heart, soul—have to be established; the three years' course of training has to be accepted as soon as possible, including in it general hospital and public health courses.

The Public Health Committee's program will grow wider and wider, as the public health work widens, all over the world.

The Private Duty Committee has a particularly heavy task. Difficult problems and vital ones are on its agenda just now. The actual life of thousands of nurses and the welfare of millions of patients all over the world depend upon its work.

The Mental Hygiene Committee is still at its beginning and has very important questions to study. Nurses must become more familiar with this kind of work.

But this is not enough! The question of the Ethics of Nursing must be studied by a special committee, and this is a very momentous work. Nursing is a special profession with definite aims and definite problems. They are somewhat akin to those of the medical profession, but they are not the same; and because they seem to be bordering those, it appears to me that the duties of each towards the other have still to be defined for loyal acknowledgment on both sides. Studying the ethics of nursing will help towards that. Nurses are not always aware of danger in this direction, but I trust that the day is near when doctors will understand that the scope of nursing is not the same as theirs, and that nurses are not trying, or wishing, to take their work from their hands, but just to do what is not the doctor's work. Far from taking patients away from the medical man, the nurse is discovering them for him. Public health nursing is not only preventing disease, it is all the time meeting unknown cases, detecting and bringing them to the doctors and the clinics.

Besides these, there are a number of problems to meet in the field of hospital work as well. A rather painful case of penal responsibility which happened in a country recently affiliated with the International Council of Nurses, has called the attention of the public to some dangers arising from insufficient understanding between the different professions working around the patient in a hospital. Certain rules must be established in every country and a general code of deontology be set out so that there need not be any difficulty in defining the limit of responsibility of the nurse towards patient or doctor.

Such, in brief, are the ideas that I should like to bring forward for study during the next four years. Of course there are more that could be worked out in order to help in developing, as much as possible, the opportunities for progress on international lines, but I cannot state here all the details of any plan. I may only add that all this should be achieved without undue infringement on the liberty and national tendencies of the countries interested. It is well to remember the words of the Founder of the International Council of Nurses, Mrs. Bedford Fenwick, at Buffalo, in 1901:

> In making our Council mechanically perfect, let us remember that the vital force is of the spirit, and not of the letter, of the law. In a Society which would be world-wide, which would include members of every race and creed, we must, while maintaining inviolable certain broad general principles which form our common bond of union, permit, nay foster, individuality in detail; authorizing each country to apply these principles in a manner best suited to its own needs. In like manner every National Council will do well to encourage and develop the individuality of its members, for only so shall we utilize to the full the correlation of our forces and make our Council a progressive power for good. Diversity of opinion is the very salt of life, and we shall do well to encourage rather than deprecate its expression.

The Economics of Nursing[1]

ELIZABETH GORDON FOX, R.N.

THERE are so many facets to this problem of the economics of nursing and it is so basic, one hesitates to attempt a twenty-minute exposition for fear of over-simplification and consequent misinterpretation. Moreover, the writer knows little of the economic status of nursing in other countries and does not pretend to be an authority on the subject at home. Therefore this paper will attempt merely to outline some conspicuous evidences of maladjustment of the nursing system in the United States and to draw certain conclusions from the evidence.

For those unfamiliar with our nursing system it may be well to attempt a brief though necessarily incomplete description of it, since the discussion which follows is predicated on this system.

The Nursing System in the United States

IN the United States it is estimated that about 10 per cent of the sick are cared for in hospitals or sanitaria, and about 90 per cent in their homes. Major surgery is cared for almost entirely in hospitals as well as a growing percentage of confinements. Many of the critically ill medical cases are also taken to hospitals.

Hospital service is available in varying degree for all—rich, poor and those in between. There are facilities for the rich who can afford them, and for the poor who can have them free of cost. It is only those in between who find it difficult to have hospital care because of the limited provision of beds at low cost. Hospital facilities are fairly adequate throughout the country, except in the rural areas.

The hospital patient may have nursing care in one of three ways: He may be nursed by the regular nursing staff of the hospital—usually student nurses, sometimes graduates—or he may employ a graduate nurse for his exclusive use (private nursing), or he may share both the time and cost of a graduate nurse with one or two other patients in adjacent rooms (group nursing). The first is provided as part of the regular hospital service without extra charge; the other two are extra service for which an individual charge is made.

The patient in the home may have nursing care in one of at least five ways: (1) He may have one or two private nurses for continuous day and night duty—for this private nursing he pays the nurse by the day or week; (2) he may have an attendant for continuous service who may or may not have had some training in nursing, but who is not a graduate nurse (this is called practical nursing); (3) he may have a graduate nurse who divides the day and likewise the charge among several patients (hourly nursing); (4) he may have a graduate nurse who, like the hourly nurse, visits several homes in the course of the day and charges on the basis of the visit (visiting nursing; the distinction between hourly and visiting nursing will be given later); (5) he may be cared for by his family or neighbors.

From what sources are these four types of nursing service, three by graduate nurses and one by practical nurses, obtained? The hospital staff, whether composed of graduate nurses or student nurses, is of course provided by the hospital as part of its regular service to the patient.

Private nurses, that is, graduate nurses who give their entire time to one patient in the hospital or in the home, are independent workers not

[1] Read at the Session of the Private Duty Section, International Congress of Nurses, at Montreal, July 11, 1929.

on salary from any institution or agency, but dependent for their livelihood upon the fees they collect from their patients. They may usually be obtained from a registry which keeps a list from which calls are answered. Some of these registries are maintained without profit by the nursing profession itself, some by commercial concerns for profit, and some by hospitals for their own use. Practical nurses, who also work by the day or week for one patient exclusively, are also independent workers who may be obtained from some of the registries or through doctors who regularly employ them. They too are not on salary and must maintain themselves on the fees they collect, which in the city often approximate those of the graduate nurse.

Visiting nurses are all attached to community organizations or to insurance companies and industries which employ them on yearly salary. Nursing care is given on a visit basis, the visit extending from fifteen minutes to an hour and a half as needed. Community organizations charge cost price or less according to the patient's ability to pay, and give the same service without any charge to those too poor to pay anything. Some insurance companies give their industrial policyholders nursing care without charge, as do some industries their employees.

Hourly nursing is being provided to a limited degree by some professional registries and by some visiting nursing associations, while some hourly nurses work independently.

The Supply

ACCORDING to a recent study of supply and demand by the Committee on the Grading of Nursing Schools, there is an over-supply of graduate nurses for private nursing, and the probability of an increasing surplus yearly. At the same time the distribution is so faulty that while cities are choked with an excess of private nurses, country districts have almost none. Also, because of lack of organization of this branch, there is no regulation of the supply to cover all demands. Certain types of calls are unpopular, such as night calls, holiday calls, country calls, and calls to care for patients having communicable diseases, and so long as private nursing remains on an individualistic basis, these types will suffer. Moreover, the very independence of private nursing makes supervision impossible and creates no opportunity for promotion.

According to the census of 1920, the most recent Federal census, there were approximately 151,000 practical nurses in comparison with 149,000 graduates. As no study has been made of the employment of practical nurses, we do not know whether the supply exceeds the demand or not. It is common knowledge, however, that at present they are observing no boundaries as to kind or degree of sickness they attend, and are being used by doctors and patients for the care of critical as well as mild illnesses, partly because they charge slightly less than the graduate nurse and partly because, while giving less skilled nursing care, they make up by attending to the needs of the household.

That there is a need for some type of secondary worker is admitted by many. However, there being no obligatory certification of practical nurses except in one or two states, they constitute at present a free-lance class which is a menace both to the sick who employ them and to the graduate nurse, who must maintain professional standards and must be certified. No satisfactory method of

licensing these pseudo nurses has yet been found whereby a minimum standard of education can be enforced, their service restricted to the types of illness they may safely attend, and their charges regulated in accordance with their status as semi-skilled workers.

Visiting nursing associations are to be found solidly rooted in all the large cities and a majority of smaller cities. At present their service is used mainly though not exclusively by the wage earner and the poor. Vigorous effort is being made, however, to extend this service upward to all those in the community whose needs can be met satisfactorily on the visit basis. This effort is meeting with rather slow though growing success. Should this movement spread widely, the present supply of visiting nurses would undoubtedly be inadequate. As such a development would be self-supporting, however, visiting nursing staffs can easily be augmented, without extra financial outlay, from the ever-increasing ranks of young graduates and from the ranks of private nurses.

Hourly nursing is as yet in an experimental stage, and hourly nurses are few in number. It may be like an abbreviated form of private nursing or like visiting nursing, according to the point of view. When undertaken by nurses operating independently, it resembles private nursing in that the convenience of the patients is the sole governing principle. When furnished by visiting nursing associations, the relative needs of the patients are considered as well as their individual wishes and convenience, the community aspects of the work dominating though not obliterating the private aspects.

It will be seen from this description that visiting nursing and hourly nursing are almost identical, the only difference being that hourly nursing is on the appointment basis, while visiting nursing is not. Higher fees are charged for hourly nursing, which has been developed both for those not requiring a full-time nurse and also for those who need expert nursing care but are unable to bear the cost of full-time nursing—those of moderate income, in other words, who until recently were not served by the visiting nurse. As soon as this type of service is properly organized and promoted, there is every reason to think that there will be need for much larger staffs.

This is a lengthy introduction to the main topic, but as the whole problem rests squarely on the present system, no discussion would be intelligible without an understanding of this system.

Economic Factors Involved

QUOTING Dr. Rankin: "In considering the economic factors of any problem we are concerned with two fundamental conditions: first, the cost of production, and second, the purchasing power of the people." We propose to add to these two conditions a third, namely, the need for the product.

The Cost of Sickness

TAKING first the cost of sickness. Private nursing costs six, seven and eight dollars and more a day, and double that amount for both day nurse and night nurse. To the charge for nursing care there must be added the doctor's fees plus charges for the hospital, for X-rays and other aids to diagnosis and treatment where these are required. The bill, therefore, even for a brief illness of only a few days, may easily amount to $100, and will probably be much in excess of this for a severe or prolonged illness.

At the same time it should be said that the private nurse who charges six, seven, or eight dollars a day is not exploiting the patient, for her average yearly income has been found to be only approximately $1,300. In other words, private nurses as a body are scarcely making a living. The reason for this is readily understood. Being on an independent basis, the private nurse has no income between cases; the oversupply causes competition for cases at all times except during peak seasons, and the interim between cases may be long, especially in the summer.

Moreover, the private nurse has no income during vacation or when she is sick. Private nursing, therefore, while exceedingly costly to the patient, scarcely provides a bare income for the nurse.

Hourly nursing, for which charges vary from $1.50 to $2.50 per hour, is, of course, much less expensive for the patient, but unless an hourly nurse is employed by an agency on a salary basis, the irregularity of her calls scarcely nets her a living.

Visiting nursing, on the other hand, which is organized as a public utility and not for profit, is furnished at cost price which varies from 75 cents to $1.50 and averages about $1.00 a visit, and at less than cost, or for nothing, for those who cannot pay. At the same time, visiting nurses receive a fairly adequate living, as they are on a regular salary basis averaging from $1,500 to $1,800.

The Purchasing Power of the People

TURNING now to the second factor in this problem of economics, the purchasing power of the people, while we have no statistics in the United States on family incomes, we have some for individual incomes on which we can estimate roughly the percentage of families able to pay for full-time nursing service and the percentage of those unable to do so.

Only from 1½ to 2 per cent of the people belong to families reporting a net income over $5,000. This small percentage of families is amply able, we can assume, to pay for private nursing as needed. At the other end, thirty million or more wage earners were earning an annual income in 1925 in the neighborhood of $1,250 on the average. These thirty million, together with their families, represent 75 per cent or more of the population. But often in these families two or more persons are at work; for this reason their average family income was probably something like $2,000.

The cost of living on a minimum scale for a family of four has been variously estimated as between $1,600 and $2,000. This minimum budget allows only a very small sum for medical care, although it has been stated that the average family has at least one serious illness every four years. Obviously, then, 75 per cent of our people have no margin over and above the bare necessities of life to pay for private nursing.

Between this 75 per cent and the 1½ or 2 per cent who are comfortably established with an income over $5,000, lies some 23 or 23½ per cent with family incomes between $2,000 and $5,000. These families can presumably afford to pay for visiting nursing service, but would find it a considerable strain to afford any great amount of private nursing, especially those whose incomes are nearer $2,000 than $5,000.

If these estimates hold good today, it would appear that only 1½ to 2 per cent can reasonably afford private nursing, while perhaps another 10 per cent can avail themselves of it

when necessary, but not without strain. The remainder are dependent upon visiting nursing service, some on a paying basis and others on a free basis.

The Need

OUR third factor, the need, may be considered from two angles: first, the percentage of illness requiring definite amounts and kinds of nursing care, and second, the greater need for prevention.

Two per cent of all the population is estimated to be sick in bed on any given day. We have no data, however, to show what percentage of these sick people require (1) continuous nursing care, or (2) part-time nursing care, or (3) some one to manage the household and wait on the patient, or (4) only the attention the family can give.

I shall venture a series of guesses for which I claim no foundation in fact. My first guess is that a relatively small per cent of sick people require full-time expert nursing care, either in a hospital or from a private nurse at home. This is based on the assumption that fresh operations, complicated maternities, critical medical cases and medical cases requiring frequent skilled treatment, and some mental cases, are safer under continuous skilled nursing supervision.

My second guess is that a considerably larger per cent, perhaps twice as large, of the sick will get along safely and well with skilled nursing care on the visit basis. Visiting or hourly nurses, experience has shown, can give satisfactory care for minor surgical cases and for convalescent major surgical cases, bone cases, burns and the like, for uncomplicated maternities, sub-acute medical and communicable diseases, many types of convalescence, many orthopedic cases, and for some mental cases.

My third guess is that a relatively small per cent of the sick, while not needing continuous skilled nursing care, do require more or less continuous personal attention. In this group are certain types of chronics who need constant waiting on, but little skilled nursing care. Here, too, are found those who live alone, of whom there are many in the cities, or whose families are too occupied or otherwise employed to give them the simple attention they need. Also those who need simple nursing care between the visits of the visiting nurse. For these patients we need an attendant who can cook and manage the household, and who knows how to do the simpler nursing procedures.

My final guess is that a large per cent of the sick (perhaps nearly one-half) do not require any nursing care other than that which might be given by an intelligent family. Were all women given a knowledge of simple home nursing as a part of their elementary education, they themselves could give satisfactory care to their families in perhaps half of their illnesses.

If these guesses are anywhere near right, again it is evident that only a minority of the sick require continuous private nursing care, while a much larger percentage would do very well with visiting nursing care. They also indicate that there is a distinct need for a secondary type of worker able to give a definitely limited type of care, and that there is outstanding need of teaching all women how to give simple nursing care to the members of their own families in minor illnesses.

The second aspect of this problem is quite different. Here we must face the question whether, in our effort to make sure that the sick have the care they need, we have not forgotten that many illnesses might have been

entirely prevented. Without neglecting the needs of the sick, cannot the nursing system elevate prevention to a much more effective position than it now occupies, and in so doing greatly reduce the amount of sickness?

Dr. Lee K. Frankel estimates that from one-third to one-half of all deaths may be prevented or postponed by the application of modern scientific medicine. Dr. George Vincent asserts that at least 20 per cent of all sickness is entirely preventable.

There is no need of laboring the point. It is beyond dispute that our knowledge of preventive medicine far outruns our practice, and that we are wasting thousands of human lives annually. There is ample evidence that as public health facilities and public health nursing increase, sickness and deaths decrease, and that further enormous reductions are possible. At the same time, the cost of prevention is negligible in comparison with the cost of cure.

Engaged in this great field of preventive nursing are a body of graduate nurses called public health nurses. They are employed by both official and unofficial agencies for community health work in the homes, the schools, the industries. One estimate places their number at thirty thousand. The writer believes there are not more than twenty thousand, including those public health nurses who are engaged in visiting nursing. The lowest number required to meet minimum needs is estimated to be sixty thousand.

Some Conclusions

HAVING stated our case, we are ready now to draw some conclusions and then to attempt to glimpse some of the ways out.

Concerning private nursing, we conclude:

1. That we shall always need a supply of private nurses for critical illnesses, medical, surgical, obstetrical and psychiatric.

2. That this need, strictly speaking, is probably much smaller than we are accustomed to think.

3. That to meet this need we do not require as large a body of private nurses as we now have.

4. That private nursing is a luxury within the reach of possibly only about 10 or 15 per cent of the people.

5. That, notwithstanding, critical illnesses occur among the 85 or 90 per cent who cannot afford a private nurse, as well as among the 10 or 15 per cent who can.

6. That since private nurses are making only a bare living, they not only cannot reduce fees for the families who need them though unable to afford them, but are in need themselves of being assured a more stable and adequate salary.

7. Therefore, that some other way must be found to furnish private nursing in accordance with the patient's need rather than his income.

8. That, on the other hand, families are often straining resources disastrously to provide nurses for patients who could be served satisfactorily by the group nurse or student nurse in the hospital, or by the hourly or visiting nurse. These families are straining after a luxury which they do not need, cannot afford, and which private nurses should not be expected to provide at a loss. This presents a psychological problem calling for the re-education of the public.

9. That the present individualistic system of private nursing is working both to the grave disadvantage of the sick because of the great inequalities in distribution and the high cost, and also to the equally grave disadvantage of the private nurse herself who must assume all the risk of an unregulated and uncertain demand and of equally unregulated competition.

Concerning hourly nursing and visiting nursing, we conclude:

1. That the greater part of the load of nursing care in the homes must be borne by the hourly and visiting nurses, since (a) in a considerable proportion of cases part-time service is all that is needed, and since (b) the great majority cannot afford private nursing.

2. That the total number of hourly and visiting nurses at present is not nearly sufficient to carry such a load.

3. That expansion of hourly nursing facilities to the maximum does not represent a

serious economic problem, since when properly organized it would presumably be self-supporting.

4. That hourly nursing, both to meet the need effectively and to be self-supporting, must be organized as a community service.

5. That since visiting nursing is already organized as a community service, and since the difference between hourly and visiting nursing should surely not be one of quality, and probably not of content but merely of administrative detail, these two could very well be combined.

Concerning practical nursing, we conclude:

1. That there is a real need for a secondary worker, primarily to run the household and wait on the patient, but also able to give simple nursing care.

2. That while the present wholly unregulated practice of the practical nurse permits her to assume responsibilities which can only be undertaken safely by a highly trained nurse, it does not require even the minimum equipment sufficient to qualify her as a secondary worker.

3. That the present disorganized state of private nursing is largely responsible for the growth of practical nursing, and especially for its infiltration into areas of service which properly require the knowledge and skill of the graduate nurse.

4. That the effort to secure or enforce controlling legislation is, therefore, more or less futile until the profession itself begins to organize to meet the need more adequately.

5. That satisfactory standardization and regulation of this secondary service may well come about as the logical result of a better adjustment of professional nursing to the economic situation.

Concerning the care of the sick by the family, we conclude:

1. That there is a considerable amount of sickness of a disabling but quite minor character which can be nursed satisfactorily by the family with some knowledge of sick room procedure.

2. That the work of the visiting nurse would be greatly facilitated if some member of the family had some previous instruction in home nursing.

3. That there are large areas of the country where there are as yet no private, hourly or visiting nurses, and where the whole responsibility must be carried by the family.

4. That wide extension of classes in home nursing for women and girls would go far toward meeting these needs and would be an invaluable contribution to the whole problem.

And finally, with regard to prevention, we conclude:

1. That the surest, most effective, most practical way to avoid the bankruptcy of sickness is to keep well. The conservation of health is no fad; it is a grave necessity. The great majority of us absolutely cannot afford to be sick. Whatever else happens, we must keep our health.

2. That this basic fact has not yet registered sharply enough to affect our procedure. Our whole system—governmental, professional and personal—is designed to provide the ambulance at the foot of the precipice rather than the fence at the top, in spite of the fact that the ambulance costs many times more than the fence.

3. That the present development of public health nursing is far from adequate in scope or extent.

4. That the nursing profession as a whole is burying one of its greatest talents in the ground by failing to utilize the opportunities which are abundant in all forms of nursing service, as well as in public health nursing for health teaching and health conservation.

5. That a more adequate development of public health nursing and the universal teaching of health practices by all nurses would tend to change the whole picture, so great would be the reduction in the amount and severity of disease.

A Way Out

HOW are these things to be accomplished? That nursing must substitute collectivism for individualism is the tentative answer one hears more and more generally among the profession in the United States today. Organization, the foundation of success in so many other economic dilemmas, seems to offer the most hopeful method of adjustment. Whether it comes about through slow and cautious steps or through bolder measures, it seems inevitable that it must come eventually.

Three major developments seem imperative:

1. The development of public health nursing to a point where adequate service is given throughout the country.
2. The education of all nurses to be health teachers, and their acceptance of the opportunities for health teaching in all forms of nursing service.
3. The devising of a new system of furnishing nursing care for the sick which will provide the essential care, whether private nursing on the individual or group basis, visiting nursing at hourly rates or at cost, or practical nursing, according to the individual patient's need rather than his ability to pay.

Assuming that no system less comprehensive than this can bring about even reasonably complete adjustment of the profession of nursing to the economic need, how can such a system be put into effect? Who knows with any certainty? And how can we know until we make a beginning and learn from experience how to go on.

It seems reasonably probable however that any system approaching adequacy, to be economically sound must:

1. Organize the provision of nursing care for the sick as a public service coördinated under one central body.
2. Maintain a staff of graduate nurses and secondary workers sufficient to meet the needs for full-time and part-time, skilled and unskilled service.
3. Assure this personnel a reasonable and regular income.
4. Maintain a flexible system and program allowing for the broadest and most elastic use of the personnel, both in the interests of economy and because of the stimulating effect on the personnel.
5. Secure the necessary funds to meet unavoidable deficits from the community through taxes, endowments and contributions.
6. Conduct the entire undertaking according to the most enlightened economic, social and professional standards.

It also seems reasonably clear that the burden of organizing and maintaining so comprehensive a public service can only be assumed by the community itself through a responsible board representing the general public, the consumer, the taxpayer, the donor, chosen because of their public spirit, their enlightenment, their farsightedness and sound judgment.

The problems involved in bringing to pass such an unprecedented organization of a profession are complicated in the extreme. We do not presume to know how all these problems should be met, nor do we believe any one else knows. Experience alone will disclose the solution of many problems. We must not wait until we can see the final goal in detail; we must take those steps we can plainly see just ahead, hoping that they will lead us on to other steps now only dimly glimpsed.

We are dreaming of a miracle in social engineering which some of us believe can actually be brought to pass. We are thrilled with a sense of high adventure and ardently hope to live long enough to take part in this great undertaking and to see it through.

For a Healthy Vacation

A TIMELY health leaflet, "Your Vacation," is offered by the Life Conservation Service of the John Hancock Mutual Life Insurance Company, Boston, Mass. The health hazards which the tourist and camper must be prepared to meet are stressed, and suggestions are given about the selection of drinking water and milk supplies, exposure of the body to the sun, over-exercise and the need for health examinations. The leaflet will be supplied free to nurses, in sufficient quantities to meet their needs.

Another health leaflet telling about the heart, and stressing the importance of periodic physical examinations and the prevention of heart defects is also available. Heart disease is first among the causes of death, and much heart disease is preventable. "Your Heart" also will be supplied free.

The Student Nurses' House of Bloomingdale Hospital

KATHERINE F. HEARN, R.N.

BLOOMINGDALE Hospital, White Plains, New York, is the Psychiatric Department of the New York Hospital and is an active centre for the study and treatment of nervous and mental disorders. Its connection with the general hospital and its affiliations with other schools furnish the school of nursing with rather unusual resources for training. The methods employed in the treatment of patients give much attention to personality study and treatment and to social training and adjustment. Liberal provision is made for social cultural activities, for the use of arts and crafts in occupational therapy, and for games, sports and entertainments as a means of physical and mental treatment. The nurse training courses thus offer the student remarkable advantages for personal and social development as well as for a thorough training in general and special nursing.

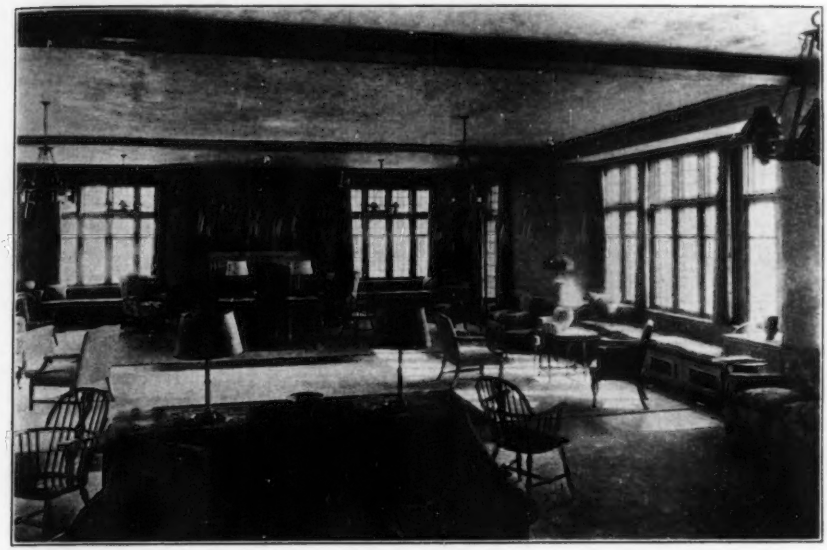
In planning the new residence the opportunity for increasing these advantages received special attention. It was designed to be a place for physical, mental and social development as well as for rest and recuperation. The hospital was already provided with a special building for nursing education, so that the residence is devoted entirely to residential and social purposes. The present nurses' dining room, which is nearer the hospital, will continue to be used for a time at least. The hospital is also provided with gymnasia and with an entertainment hall which made it unnecessary to include these in the new building. This is, therefore, simply a home and an effort was made to give it the domestic charm and quality which it is not always easy to secure in so large a building. It is connected by tunnel with the hospital.

DETAIL OF WEST PORCH

The treatment of the patients provided for at Bloomingdale requires extensive grounds, which made it possible to select a charming site in an elevated location, on the edge of an old apple orchard. The brick and steel structure houses fifty-one students, two instructors, the house mother, and the director of the school of nursing, besides providing two guest rooms. The east and west wings join the central portion at an angle of thirty degrees, which gives the building a crescentic appearance and provides for a maximum of sunshine. This arrangement also does

AS SEEN FROM THE ORCHARD

ENTRANCE



LIVING ROOM

away with long vistas in the corridors which would detract from the home-like appearance. The central section is three stories high, and the wings and a southern extension from the central section are only two stories.

An oak-panelled lobby, within the entrance, has passages leading east and west to the students' quarters, and directly in front an inviting vista shows the beautifully furnished and spacious lounge, glowing with lovely color in shades of turquoise and rose, at a slightly lower level. The illustration was made when the draperies were not in place. They soften outlines, add to the perfection of an unusual and satisfying color scheme, and make of the whole a room of charm and individuality.

The office, telephone closets and main stairway open from the passage leading to the lounge. Two alcoves in the lobby may be used as visiting rooms. A reception room and coat room for visitors is in a vestibule at the entrance to the passage to each wing. At the bend in the corridor to the wing is the stairway, leading up and down. Also at this point, toward the south, is a battery of long windows giving light to the corridor and access to a loggia, with an open deck beyond. An instructor's suite, of sitting room, bedroom, and bath, is in the first section of each corridor. The bends in the corridors break them into sections, each containing a toilet section, a small sitting room, telephone closet, linen room, drinking fountain, and housemaid's closet.

At the extreme ends of the corridors on the first and second floors are screened porches used for outdoor sleeping. On the second floor, above the lobby, is a refectory with kitchenette and a sewing room adjoining. Here students who are off duty may prepare light meals and repair their garments. Across the hall, the shampoo room provides deep bowls, with rubber hose, shoe-shining equipment,

ONE OF THE SITTING ROOMS
French windows open on the terrace.

and dressing tables. In the extension on the second floor, and above the lounge, are the suites of the director of the school and of the house mother, as well as the two guest rooms.

The third floor, which is confined to the central section, has nine rooms, a small sitting room, and the same equipment on the corridor as the other floors.

At the entrance to each student's room is a tastefully tiled vestibule with an alcove on one side containing a washbasin. This is entirely concealed when the door is open. A closet opens on the other side. The door of each room is controlled by an individual key which also opens the clothes closet. The housemaid's pass key will open the room door only. All locks are on a master key that is carried by the house mother. The students' rooms have low comfortable beds, glass-topped dressers with mirrors above, combination desks and bookcases, and easy chairs.

Special attention was given to color in planning the building, with really remarkable results. Artistic colored tiles are used in the toilet alcoves, bathrooms, shampoo rooms and kitchenettes. The plaster is rough-finished except in the toilet sections and kitchens, and is painted in several colors. In the students' rooms the walls are either green, buff or gray. In the small sitting rooms they are blue. The corridor walls as far as the break are a tangerine shade, and beyond this are green. The lounge and vestibules are finished in tan with leaded casement windows.

This Student Nurses' House at Bloomingdale Hospital is the first of a group of six buildings which has been planned with a view to furnishing a residential section and a social educational center for the whole body of nurses and others engaged in the personal service department of the hospital. This type of development requires more space than can be allowed in large cities. Many hospitals, however, are located in smaller cities or in the country, and it is hoped that this description may furnish some suggestions which will be useful in their further development.

ALL ROOMS ARE SINGLE
Note the combination desk and book-shelf.

Problems in Medical Care

FLORENCE K. WILSON, R.N.

THE problems presented this month include those encountered in nursing patients with diseases of the gastro-intestinal tract. The material has been arranged in the same order as in the previous reports:[1] A table of problems; samples of problems as stated by the student nurse; and a case report written by the student nurse. In the Table No. 3, in the tabulation for typhoid fever, we see again the greater proportion of nursing problems over personality problems in nursing an acute disease. The report chosen for diseases of the gastro-intestinal tract is one on a patient with typhoid.

Table No. 3—Problems in Nursing Patients with Gastro-Intestinal Disease

Ulcer Cases—36

Difficulties in giving nursing care		14
To satisfy patient with diet	9	
To keep in bed	4	
To prevent decubitus	1	
Difficulties with personality		17
To keep occupied	7	
To overcome general dissatisfaction	4	
To prevent smoking	1	
To encourage normal defecation	1	
To instill faith in treatment	1	
Difficulties with language		3

Typhoid Patients—13

Difficulties in giving nursing care		11
To satisfy patient with diet	3	
To urge fluids	3	
To prevent decubitus	1	
To keep in bed	1	
To induce personal cleanliness	1	
To change bed after hemorrhage	1	
To cure pediculosis	1	
Difficulties with personality		2
To limit demands	1	
Difficulties with language		1

Carcinoma Patients—10

Difficulties in giving nursing care		5
To prevent decubitus	3	
To urge food	1	
To keep patient clean	1	
Difficulties with language		2

Neurotic Patients—2

Difficulties with personality		2
To limit demands	1	
To discourage discussing patients	1	

[1] See *Journal* for March and May, 1929.

Problems as Stated by Students

GASTRIC ULCER

1. The patient always coaxed for more food than he was allowed, and sometimes acted quite peeved because he was only given the allowed amount. When he was put on routine No. 1 he insisted on more food than was allowed at the time, and although he was nearly always very pleasant and coöperative about other things, he usually made it unpleasant for the nurse if he thought he could boss her into doing as he asked. He always tried that with the younger nurses.

2. The patient was very humorous and coöperative, but he did not like the idea of bathing in bed. After explaining the need for baths and proving that it made him more comfortable, he bathed quite regularly. After the Sippy routine was started, the patient grew tired of the eggs and cereals. Upon advice from the doctor I let him go without these feedings. Soon the jellies and fruits started. Then he was better satisfied. He was very much satisfied after he was put on routine No. 1.

3. Patient does not like to take baths, jealous of other patients, and wanted his bed and treatments taken care of first.

4. Nursing problems encountered with this patient were all met by appealing to his intelligence. When he could have nothing by mouth but cracked ice, he wanted water in spite of the fact that he knew he should not have it. I then appealed to him as a professional-man-to-be, and asked him if he would want a nurse to deliberately disobey his orders. He never asked me for anything more than he knew he could have. On the whole, he was very coöperative. Sometimes he would allow his emotions to run away with him, and then all I had to do to quiet him was to remind him that he was getting too excited,

and perhaps he would feel better if he were more quiet.

5. He was very restless, and would not stay in bed. He would not adhere to his diet, and I found him taking food from other patients several times. This may have been the cause of the rupture later. He disliked milk and cream soups. The dietitian tried very hard to send up foods that he would like, but he was still dissatisfied.

6. Another problem which is a constant one, is that of smoking. It does no good to take his cigarettes away, because he is bound to smoke, and he manages to somehow. Each of us in turn have reprimanded him, to no avail. He smokes far too many cigarettes for his own good, to say nothing of its being strictly against the hospital ruling.

7. The nursing problem encountered with this patient was one of keeping the patient as cheerful as possible, and keeping his mind off of his illness as much as possible.

8. The only problem encountered was his extreme desire to discuss the other patients and nurses. This could usually be diverted by starting a conversation about Europe during the World War.

9. It was quite remarkable how she began to comply to her treatment after I attempted to explain to her how essential it was to obey orders to regain her health. After she got so that she could eat, she began handing out compliments to the hospital. She seemed to realize that our efforts were hopeless unless she coöperated. She soon had confidence in herself, and I tried very hard to get her interested in other things and people. I believed the main point was to get her mind off of herself.

Typhoid

10. This patient was so extremely untidy and slovenly in his room, about his bed, that I had quite a time keeping his room clean and neat. Sometimes I was afraid I would have all of the ward infected with typhoid. He seemed terribly disagreeable. It took all my will power to keep smiling and keep from scolding him. He seemed to have more complaints than a centipede has legs. Feeding him was some better, but a steady diet of milk and eggs didn't always appeal to his taste; but it seems his health has improved, so has his disposition. He seems to be sort of a help now; carries water to the patients since he is up and off precautions.

11. Did not take fluids well. I found pediculi in her hair. She was incontinent, and it was hard to keep her bed dry. She was very thin, and her bones were prominent. She lay flat on her back, and it was difficult to prevent sores. At times she was quite delirious and was quite noisy, and very restless. One day she was having a hemorrhage, and her bed was very much soiled, and the question arose whether to change her bed or permit her to be quiet.

12. I always found her to be very coöperative when she had it explained to her that her treatments were necessary and that the doctor wanted her to have them. She would usually take fluids quite well if she were encouraged a little. She would always drink "pink lemonade" (lemonade colored with grape juice), colored orangeade, and she liked grape juice, ginger ale and similar drinks. By bringing them to her often it was not difficult to have her drink her 4000 cc. each day.

13. The nursing problems were mainly with the Shattuck diet. The patient does not like butter, eggs or milk, but will eat custards if flavored with chocolate, or will take buttermilk in which cream has been added. He did not like cooked cereals but, after persuasion, has learned to eat and like malt breakfast food and Pettijohn's cereal.

14. To keep her dry when she was so very sick, her bed had to be changed almost every hour. Bed pads were put under her to save linen. To prevent bed sores, every time the bed was changed her back was washed, rubbed and powdered with zinc stearate. Extra pillows were put in to prop her up on her side to rest her back. Hard to make her eat. She was given milk, and for a little while she would take nothing else. How to understand her, I finally established a system of work so that she knew what I was going to do next. Then I'd point, and she would do as she was expected.

Carcinoma

15. He receives no special treatments, and the only nursing problem is to try to keep his skin from breaking down. He is greatly emaciated, is very weak, and cannot sit up in bed unless given assistance.

16. One of the hardest problems I encountered with this patient was to keep him in as optimistic a state of mind as possible. He realized the hopelessness of his condition, and had to be continually reassured that he would get better. Sometimes he was so uncomfortable that he thought of suicide, but I do not think he would have really tried to end his life. I tried to interest him in various things, and succeeded, to some extent, to keep him from thinking of himself.

Report No. 5—Study of a Patient with Typhoid Fever

JOHN is a man about forty years of age. He has done hard labor all his life. For the past few months he has been working for a construction company. Several weeks ago that company came to Cleveland, and has been working at a construction camp.

He is not very worried about his condition. Once in a while he says something about "getting well and getting a job before winter comes." He is single and has no one dependent upon him. His brother is living, but does not know where he is. His mother died of heart trouble many years ago. His father and sister are also dead. He has a few dollars left from his last pay, besides the check he was given the night he was brought to the hospital.

Several times I have asked him why he does not think of going back to the construction camp. Each time I get the same response. He is afraid they would not hire him again because his illness was the cause of the City Health nurse being sent down there to investigate conditions. The camp was neither clean nor sanitary, and the foreman was afraid that the camp would be closed if the conditions of it were known. That is the reason that they refused to call a doctor or an ambulance for him. Instead they made him ride up to the hospital in the street car. Another reason he would not go back to the camp is because he feels that the dirty, muddy water may have been the cause of this sickness.

I have never had a more coöperative patient. He is intelligent and is willing to do anything you ask him to do. Although he is crude in several ways, his manners and actions are different than those of most of the patients. He appreciates everything you do for him, and he always responds with a smile or thank you. Throughout the time I have taken care of him his greatest worry has been that some one will do something for him that he might be able to do for himself When he first came in to the hospital he felt that we were doing wrong by feeding him. He had had typhoid fever before, and they had given him nothing to eat but broth. He mentioned this to me twice, but after I had explained it to him he did his best to eat, although many times he would much rather have slept.

John has no dispensary record, as he has been in Cleveland only a few weeks. He was brought in through the accident ward at ten o'clock on October 2. When he was nineteen years of age he had typhoid fever and was in Kansas City Hospital for about four weeks. Again, when he was thirty, he had typhoid fever and was taken unconscious to a Pittsburgh hospital. He remained there for eight weeks.

Until four weeks ago John had been feeling well. At that time he began to feel poorly. It consisted mostly of *headaches* and *constipation*. After a day's work he was always very tired. He lost his appetite completely. He did not feel acutely ill until September 29. At that time he had a chill and felt very warm afterwards. Since then he had eaten very little. He complained of pain in the lumbar region.

On his admission to the hospital the doctors found that he had a white blood count of only three thousand and a red count of seven million. After a week the white count increased to forty-six hundred and the red count decreased to a little over four and one-half million. On October 17 the white count had increased to fifty-six hundred, and it showed that the white

cells were gradually getting back to normal. During the progress of this disease, several blood cultures and Widals have been taken, but there has never been any positive findings. This case seems to be a classical case as far as symptoms are concerned, but the tests would disprove this.

John has complained of a great deal of abdominal and lumbar soreness. His mouth was very warm and dry when he came in, but with the mouth wash that has been remedied. For the first week he complained of a good deal of constipation and severe headaches. His appetite was very poor and he would have slept rather than eaten. After he had been here about ten days he had a feeling of dizziness which lasted all day.

While I was caring for him I noticed that his skin was flushed and dry. He had several small pink spots on his abdomen which I thought were rose spots. The area about his liver was tender and rigid. His pulse was always regular and full. The pulsations have been visible in his neck most of the time.

I have given him three or four temperature sponges, and the temperature has dropped a remarkable distance each time. The Widal tests were of little significance, as they have always been negative. Up until about four days ago, he has had cold cream on his hands and feet. I am still rubbing his back and his legs with alcohol.

John has had few medications while he has been in the hospital. I have given him petrolagar and aspirin. The other drugs that were given to him were codeine, luminal and aspirin. His main treatments have been plenty of fluids and plenty to eat. These I have seen to to the best of my ability.

The only difficulty I had was in getting John to eat when he first came into the hospital. As I have stated before, he felt that food would do him more harm than good. That, however, was soon overcome, and today I do not believe there is anyone on the ward that is a better eater.

His improvement was so marked that it could not help but be a joy to take care of him. He was very coöperative and pleasant throughout. I think the thing that I enjoyed most was to find him sitting in a wheelchair when I returned to the ward today.

John's condition has been improving for the last fourteen days. After the ninth day his temperature dropped, and has stayed down ever since. He has promised that he will have his teeth taken care of as soon as he leaves the hospital. As yet no other plans have been made for him. The social worker is going to talk with him.

References:

"Infection and Resistance," Zinsser, pp. 54, 486, 484.

"Walter Reed and Yellow Fever," Kelly, H. A., p. 76, sections 27, 28, 29, 30 and 31.

"Preventive Medicine," Boyd, Mark, pp. 84–6.

ADEQUATE treatment of the chronic sick has been greatly hindered by two misconceptions regarding their ailment. The chronic diseases have been for the most part labelled "incurable," and they have been confused with the gradual decline in physical well-being which accompanies old age. "Incurable" is a harsh word. To the sick it signifies lost hope and permanent invalidism; to the physician it spells defeat and ignorance; to society it means human wastage and added economic burden; to all it carries the sadness of a wrecked or crippled life. Yet, in spite of its grave significance, the term "incurable invalid" is employed all too lightly in designating many of the chronic sick; and quite unconsciously the assumption follows that the full duty of society is discharged with the provision of food and shelter until death relieves them of their miseries.—"The Challenge of Chronic Diseases," by Ernst P. Boas, M.D., and Nicholas Michelson, M.D.

The Social Director

With Emphasis upon the Work with the Preliminary Class

VIDEL HUDLER

WHAT is the work of the Social Director? What is expected of her? What is her schedule? What part does she play in the life of the entire nursing group, graduates and students? These are a few of the questions asked me by many in the nursing field.

To answer all these questions completely would result in an article of too great length. I will therefore but briefly outline the scope of my work as I am carrying it out at present and discuss in detail one phase of the work, namely, those activities connected with the preliminary class.

The clearest way to indicate my work is to give the program being followed the week of writing this article.

MONDAY, 12–12.45 p. m. Office hour in the lobby of the Residence Hall.

3–4 p. m. Group singing with preliminary students.

8–10 p. m. Gymnasium class for members of the Graduate Nurses' Club, followed by a dip in the pool.

TUESDAY, 6.50 a. m. School assembly, music for morning song and marching.

7.45–10 a. m. Bridge party for graduate night nurses.

4–5 p. m. Class in physical training for preliminary students.

7.30–8 p. m. Music in the parlor for night nurses. Dancing. (Night nurses report on duty at 9 o'clock.)

8–10 p. m. Regular meeting of bridge club for graduate nurses. (This club meets bimonthly.)

WEDNESDAY, 11–12 a. m. Class in current events with preliminary students.

12–12.45 p. m. Office hour in lobby of the Residence Hall.

9–11 p. m. Social evening. (Dancing and bridge for nurses and outside friends; internes have a standing invitation.)

THURSDAY, 12–12.45 p. m. Office hour in the lobby of the Residence Hall.

4–5 p. m. Swimming instruction for preliminary class.

5–5.30 p. m. Swimming instruction for technicians.

7.15–10 p. m. Fiction library open (volunteer assistance of graduate nurse).

7.30 p. m. Meeting with intermediate students (for organization and plans as future senior class).

FRIDAY, 6.50 a. m. Music for assembly of the school.

12–12.45 p. m. Office hour in the lobby of the Residence Hall.

3–4 p. m. Instruction in bridge for preliminary students.

7–8 p. m. Meeting with editors of school newspaper.

8–9.30 p. m. Swimming, two sections, graduates and students.

SATURDAY, 1–4 p. m. Visit to aquarium, Battery Park, for preliminary students.

SUNDAY. Once a month the Superintendent of Nurses usually pours tea, for which all arrangements are made by the Social Director.

It will be seen from the above schedule that a Social Director's earlier preparation in physical training allows for a wide field of activities.

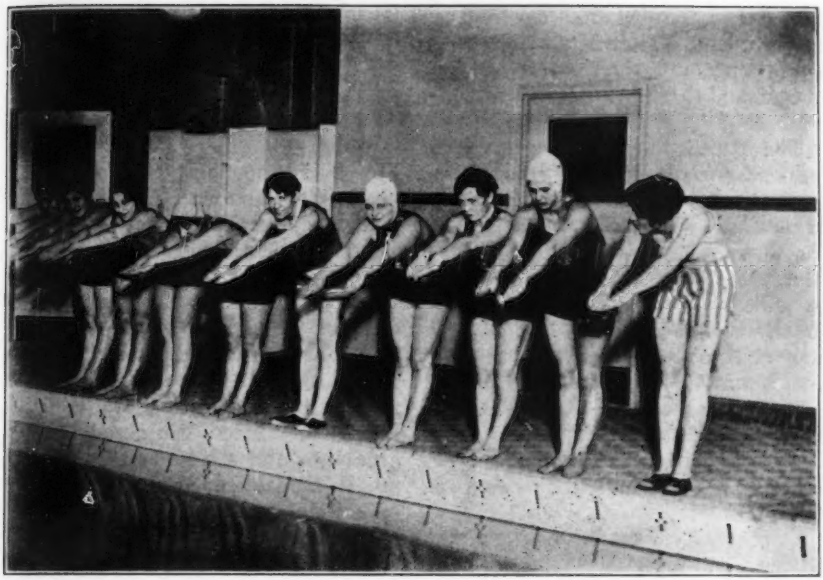
Besides these activities there are others which must be held in reserve for use when attendance starts to diminish, *i. e.*, dramatics, book review club, instruction in bridge for student and graduate nurses, Glee Club, arts and crafts classes and instruction in playing musical instruments, such as banjo, guitar and ukelele.

While the Social Director is primarily concerned with the students, she can devote time to graduate nurses in the school, if the Superintendent of Nurses is interested in this phase of her work. I have recently been asked if graduates respond to the Social Director's efforts, and my answer is that they do, and to a greater extent if encouraged to do so by the head of the school. We have

recently formed a Graduate Nurses' Club in this school. The object of this club is to promote sociability among the graduates, to greet our graduates as they become members of the staff, to visit and send flowers to members of the club when ill. A special evening of recreational activities (noted on the schedule) is given over to club members one evening a week, at which time they have gymnastics and games, followed by an hour of swimming. The club meets the first Tuesday in each month for one-half hour of business and an hour of music, games and a general good time. The Social Director is an honorary member and holds the office of Advisor to the club and, with a committee, plans the evening and arranges for refreshments.

Let us now pass on to the main topic of this paper, the influence of the Social Director in the lives of the preliminary students. Any period of readjustment, whether in personal or professional life, is always critical. All readjustments require courage and patience. Particularly is this true when one enters a training school for nurses. Visualize, if you will, girls of eighteen who leave their homes, where they may have led more or less sheltered and dependent lives. They leave their youthful friends with whom, unfortunately, they may have had no opportunity to develop self-reliance, and suddenly find themselves literally submerged in an entirely different world, the institutional life of a school of nursing. Here, if ever, is a definite need to guide these young people during this difficult time.

Now what can be done for such a group of students? In the first place, new students must be cordially received, and made acquainted with members of the staff and with their future classmates. There are many possible programs that could be followed for this introduction of the new students into the school and their new work. The following program is one which I am now carrying out, and which I have found to be successful. The student has received a note from the Superintendent of Nurses that she is due to arrive on a certain day before 5 o'clock. She is met at the door of the residence hall by a committee of seniors, one of whom takes her to the



Social Director. It is then the duty of the Social Director to make this new student feel at home and overcome her natural feeling of self-consciousness. After a brief interview she is shown to her room.

Later in the afternoon they congregate in the living room where a social hour helps them to get acquainted. While tea is being served, the Social Director formally presents each new student to the Superintendent of Nurses, who in turn introduces them to the members of her staff. A special effort is made by the various departments to have graduates and students relieved for the occasion. Members of the Alumnae Association are urged to come. Thus, refreshments, group singing and meeting of new friends all help to pass this most difficult day. The importance of keeping the new students occupied and interested and making them feel at home cannot be over-emphasized.

On the morning of the second day the regular school program begins. In this program the Social Director introduces classes in group singing, current events, physical training, swimming, arts and crafts, and a few lessons in the fundamentals of bridge. With exception of the last mentioned, each of these classes occurs once a week. The value of this compulsory attendance at extra-curricular activities is to direct social interests in a regulated channel, thus initiating all members into every activity under supervision. The result is that the group becomes familiar with the fundamentals of all these diversions, and after their acceptance into the school they continue with those activities which most attract them.

To this schedule is added an outdoor program of regular walks, visits to museums and places of importance in and around the city, and picnics in warm weather. The walks are arranged in the free time of the students, one of the officers of the class keeping

a record of the distances covered by each student. The visits to places of importance and the picnics are required, and three Saturday afternoons a month are set aside for this purpose.

The Social Director, acting as a guide, can gradually bring recognition to those girls best fitted to be officers of the class. Therefore, at the end of the first month, after due consideration, the officers are elected, and the class becomes so enthusiastic that it functions independently in several ways. It is through the chairmen of the committees that are then formed (social, refreshment, financial, etc.) that the Superintendent of Nurses and the Social Director are kept in close contact with the individual members of the group.

Opportunity is taken to give formal advice about personal behavior, cleanliness, and styles of dress when off duty. Any deviation from the normal along these lines should be referred to the Social Director, who, if properly fitted for the position, can handle the situation in a tactful way that will inspire the offender with a desire to improve her ways.

Control of privileges granted these new students is directly under the supervision of the Social Director. Results in this school have proven that it is also successful when applied to the entire student body. For example, when the granting of (1) extra late leave; (2) over-night leave; and the (3) extension of late leave, are all in the hands of the Social Director, the nursing staff is relieved of a large piece of work, and the responsibility is definitely centralized. This centralization serves a twofold purpose: (1) In that the person who grants these privileges is easily available daily at an appointed hour, and (2) the intimate contact thus secured with this large student body gives a knowledge of the character of the individuals which prevents certain ones from taking undue privileges.

Moreover, the Social Director early becomes familiar with the habits of the students and can often help the Superintendent of Nurses to solve their personal problems.

In connection with the general conduct of nurses in the residence hall, the Social Director functions according to the type of government practiced. In this school it is a house committee composed of six graduates and six students, with the Social Director as chairman. They make the rules which govern the residents of the hall. These rules are submitted to the Superintendent of Nurses, who holds the power of consent or veto. Offenders of the rules are brought before the committee, which meets once a month.

The efforts of the Social Director to make these girls a happy addition to the student body can be much affected by the attitude of the Superintendent of Nurses, whose sympathetic understanding and coöperation play a large part in making each girl feel that her personality will not be entirely submerged in the large group. Anything which trains a girl mentally and equips her with the ability to adapt herself to various situations, not only makes for better nursing, but for greater happiness. To my mind the objective of the work of a Social Director is to stimulate interest in things other than nursing, in order to enliven the actual nursing content.

An Experiment in Education

STELLA E. WHITTAKER

BECAUSE nurses throughout the country are watching with eager interest and not a few with some apprehension the movement to raise the educational and cultural standards of their profession, an experiment undertaken last year with a group of nurses in Providence, R. I., will be of interest. These nurses, some fourteen in number, appealed to Miss Gardner, Director of Public Health Nursing, for an opportunity to gain a better cultural background and to fill in gaps in their early academic education. Miss Gardner with her associate, Winifred Fitzpatrick, presented the request of the group to the superintendent of schools. He could find nowhere in the educational system of the city a course of study suited to the needs and desires of the ambitious nurses. However, he referred them to the principal of one of the evening high schools, who has a ready sympathy with all who desire self-advancement. The request, eloquently presented by Miss Gardner and Miss Fitzpatrick, was a challenge to Mr. Jager, who promised to do all in his power to help these young women to realize their ideals. Accordingly, he presented the case to the writer, giving her a free hand to plan and administer such courses as, in her judgment, would give the desired cultural background, provided these courses met with his approval. It was a large order, but she felt strongly the challenge to help. After careful consideration she offered the principal a schedule of studies to be pursued through a period of two years of evening school, with two-hour sessions on four evenings of each week. An outline of the units offered follows:

The first unit is based on social science and is really a history of the evolution of civilization. Beginning with the nation whose civilization is first recorded, the class studies its home life, its progress in social and governmental institutions, its industries, art, education, science, literature and religion. The unit concerns itself very little with kings, dynasties, wars and conquests, excepting as they have a direct bearing on the development of the civilization under consideration. This is followed by the study of the other racial and national civilizations in the order of their development and in their interrelations. Emphasis is placed in the study of each civilization on its contribution to our own civilization today.

Closely related to the social science unit is the second in the curriculum, viz., literature. The literature of each nation is studied when its civilization is under consideration; the relation of the two is traced and emphasized. In the case of the earliest civilizations, the literature may be fragmentary, yet, in a good translation, it is of interest and value for the students find that in a nation's literature is crystallized the experiences of its mind and soul and in it is reflected its progress and development. When the class reached the study of the civilization developed in the Jordan Valley, the Old Testament furnished a wealth of material from which they began the formal study of various types of literary composition such as the short story, the essay, historical writing, poetry in the ode, epic and lyric forms. In passing, it may be stated that each written exercise, as well as the contents of the notebooks, is judged not only for its

content of thought and fact, but also for its literary composition. In this way both pupil and teacher are relieved from unnecessary labor in writing and criticism, and all essential features of good composition can be secured.

As the work progresses down through the ages, the literature becomes more abundant and more complex so that when the class resumes work the first week in October, literature will require an independent unit. This will require another teacher who can give all of her time to literature and to psychology, which is to be included in the expanded course which the writer plans to inaugurate at the beginning of the school year.

The third unit is concerned with natural science. In the beginning it included descriptive astronomy. Brown University generously permitted the teacher to take the class to its observatory where they were taught the use of various astronomical instruments. There they studied the heavens both through the telescope and by the naked eye, becoming familiar with the constellations, planets, more important stars and other heavenly bodies. They studied the various nebulae visible, and from them and the phenomena which they afford, the class worked out the development of the solar system. Even the heavens seemed to conspire to help this class for when they were studying the moon, its origin, composition, surface, phases and movements, it staged a total eclipse which the class enthusiastically observed and reported. When they reached the study of the earth as a planet, they took up its geological structure. This they will finish early next year. At the conclusion of this section of the science unit, the class will study the conditions on the earth today as they affect the life of man; its soil, climate, water systems—rivers, lakes, oceans, etc.—its mountains, minerals, etc. In this way the natural science unit will be tied up with the other two making a rounded whole.

The class, which registered fourteen in number on the evening on which it first assembled, grew within a week to number twenty-three. All continued in the class until the end of the year in spite of the heavy tax of their daily work. Last winter the city was visited by an epidemic of grippe which taxed the nursing resources very heavily and claimed many nurses among its victims, but the class attendance was remarkably good and as cheerful and as enthusiastic as it was faithful. For such a reason as that, and for other reasons, it is necessary to have great elasticity in doing the work of the course.

Each member of the class is a registered nurse with from three to twenty years of successful experience to her credit. Sixteen are district nurses; two are in the city health department; one in the state placement service; two instructors in nursing at the Rhode Island Hospital, and one an orthopedic follow-up nurse attached to that same hospital. Three of the class, who are planning to be married before the fall session commences, are making matrimony contingent upon their opportunity to finish the course and graduate with their class. One, who is going to California to live, would not consent to go until the writer had arranged for her to complete the course by correspondence and have her diploma conferred *in absentia*.

The question is frequently asked, What is the tuition fee? There is no fee whatever, nor is there any other expense involved unless a pupil

chooses to buy pictures or other illustrative material for use in notebooks. This is not required. Some excellent notebooks have contained nothing of that nature. On the other hand, many of the class have haunted the second-hand book shops to find magazines or old books which would contain just the right picture or cut to bring out and emphasize a certain fact or point. Many of these notebooks are works of art and superlatively good. Seldom does a college student produce notebooks at all comparable to them.

Two members of the class were out-of-town residents, but their respective towns paid the nominal tuition required by the city. It would seem impossible that there could be criticism of the city for furnishing such an educational opportunity free, when these students are giving to the city a service for which money cannot possibly compensate. These nurses report for duty at eight o'clock in the morning and are on duty until five in the afternoon. Many of them live at a considerable distance from the school, but lateness is not a common occurrence. When it does occur it is because the day has brought so many added tasks that the nurse has given of her own time to complete them. Such tardiness does not count against the student's record.

Naturally the method of procedure in teaching such a class differs materially from that employed in the usual classroom instruction. The writer asked for the use of a rather large project room, with a door communicating with the library of the high school. In this room are many lecture chairs, a reflectoscope, bookcases, and a long table. Around the table at 7.30, each evening, assembles the class with its teacher. It is a family table with the community of interests and atmosphere of the home and family life. Members of the class report their problems which, as far as possible, are solved by the class under the guidance of the teacher. Contributions are made by the students for the common good. It may be that some one has discovered new source material, or some helpful new book in the Public Library, whose resources they often taxed, or she may have been able to get duplicates of illustrative material for notebooks which she wishes to contribute to those less fortunate. The teacher opens up new subjects or new leads into some subject opened before by means of a simple lecture. Then the group breaks up; some to go to the library for research work, others to have individual conferences with the teacher, and 9.30 comes all too soon. Notebooks are required for each of the three units. Those kept thus far are a source of pride and joy to pupils and teacher alike.

Allusion has been made to an expanded course of study for the group which is to be offered at the opening of the next session. The writer, finding that there are many nurses and others who wish further education not alone for culture's sake, but also for entrance to some higher institution of learning, has planned a course covering a minimum of three years which includes, in addition to the three units already described, a year of biology, psychology and the science of government and politics, together with an allowance for such electives as will enable the individual student to meet the entrance requirements of such higher educational institution as he or she wishes to enter. As has been stated, all of the members of the first class are planning to return next year and many more have applied for admission. Others than nurses have

expressed their intentions of taking the course which is known as Academic 1A. It will be open to all who can do the work satisfactorily.

It is a part of the plan to have special speakers of known ability from time to time when a project is completed. During the last year the first lecture was given by a woman prominent in business and social circles. Mrs. Misch had recently returned from more than a year spent in travel in Africa, and so was eminently fitted to speak to the class on Egypt when they had completed that project. By means of this illustrated lecture the class became better acquainted with modern Egyptian life. They were also better able to connect it with that of the earlier periods. When study of the civilization of the Jordan Valley had been completed, Miss Bertha Hatton Smith, who had returned but a few weeks before from a year and a half in the Holy Land and Egypt, with gracious hospitality invited them for an evening in her charming home, where she gave them an intimate view of life in the Holy Land. As the Christmas season was near at hand, Miss Smith wove her talk about the Nativity, and interspersed her descriptions of the places so familiar to all through the age-old story with the singing by the class of such hymns as "Adeste Fideles" and "O, Little Town of Bethlehem!" and the reading of related passages from scripture. It was an evening of delight and deep emotion. Later, after the study of the Aegean and Greek civilizations had been completed, the class were so fortunate as to be given a lecture by Mrs. Francis G. Allinson, a well-known Greek scholar, formerly Dean of Pembroke College in Brown University, who has spent more than two years in Greece. Mrs. Allinson gave the class an evening of rare pleasure and value, bringing forth for them rich treasures from her knowledge and experience of Greek civilization, both ancient and modern. On the evening of Holy Thursday, the teacher, who had witnessed the presentation of the Passion Play at Oberammergau in 1910, shared with her class that supreme experience, illustrating her talk with many pictures of scenes and participants in the Fest Spiel.

The pupils make written reports of all extra-curricular lectures, and these are incorporated in the notebook reports.

The work with this group of nurses, begun as an experiment, has proved a success so far beyond all that the writer dared to hope, that it will be continued in the new expanded course of study with the hope that many more, both men and women, may find through it the open door into a broader culture and into deeper higher living and service.

Too Much Education?

THE demand for trained workers is not static. It is growing by leaps and bounds. Increased supply creates increased demand. When educated people are available employers are not content with lower qualifications. Doctors of philosophy are required in places for which bachelors were formerly accepted; college men are sought for work in which high-school graduation was but lately sufficient; high schools, which give training equal to that of colleges of 50 years ago, are needed in preparation for duties once performed by persons with a modicum of education; common laborers without education are disappearing. Good positions are not to be had without good training; and parents are providing for their children the best education they can give. In that is the whole cause for the sudden increase in college and high-school enrollments.—*School Life*, Vol. XIV, No. 9, May, 1929.

Special Nurses Protected by Insurance

THE California Hospital of Los Angeles puts a little folder containing detailed information about the hospital into the hands of all patients. The statements regarding special nursing are arresting:

Special nurses, when called, are employed for and by the patient, and the hospital assumes no responsibility for their work. Their fees, usually $6 or $7 per day or night (nature of case determines the rate), are paid direct by the patient to the nurse.

The hospital has approved the 10-hour plan of duty for special nurses. Day nurses work from 8 a. m. to 6 p. m., night nurses from 6 p. m. to 8 a. m. During the intervening hours the patient is cared for by the general duty nurses employed by the hospital.

Board of special nurse $1.25 per day or night (two meals). No rebate for any meals missed while on case. The dining room always prepares to serve all special nurses on duty.

NOTE: The liability under the State Workmen's Compensation Law of patients to special duty nurses employed by them is covered by the hospital. The liability of special nurses to patients is *not* covered by the hospital.

In explanation of the insurance clause G. W. Olson, the Superintendent, says that the protection of special duty nurses was inaugurated April first and that:

1. We pay the premium for this insurance, which amounts to 62 cents for each one hundred dollars of wages earned by the nurse. Nurses are required to state the amount earned on the case when they sign off. If they refuse to do this, they are given no protection, for we are then unable to pay any premium to the company, having no basis for such premium. So far, all nurses have gladly given the information necessary when we have explained to them the extent of the protection they receive.

2. Our reasons for introducing this plan are the following: Last year two very bad losses were suffered by the private duty nurses who usually work in this hospital. In one case the nurse had her wrist badly wrenched by a delirious patient, as a result of which she was laid up for several months. Her employment was only casual, less than three days, therefore she could not make good her claim for compensation against the patient, who had no insurance and probably could not have paid a judgment had she recovered one. In the other case, the nurse slipped on the floor and fractured her ankle while running to a dressing room to obtain some supplies which were required by the surgeon for a dressing of the patient. This nurse was also laid up for a long time and recovered nothing, because her patient was a chauffeur without means and, while his hospital expense was paid under some sick benefit which he enjoyed, there was no way to recover from this source any compensation for the nurse. Neither of these nurses had any personal accident insurance. Such insurance is carried by some nurses, but it is very costly and the benefits paid are inadequate.

3. Under the Workmen's Compensation Law in this state, the patient as the employer of the private duty nurse should be held liable. Few, if any, patients think of this liability when entering the hospital or employing a nurse. We felt, therefore, that it was the duty of the hospital to make some provision for these contingencies. The company carrying our liability insurance was willing to have us include these private duty nurses under the policy covering our other regularly employed nurses. A special rider was attached to the policy, which provides that we are to compute the total amount earned by these special duty nurses and pay the company the premium thereon at the same rate that we are paying upon the payroll of our own employed nurses. We already have two or three cases where nurses have benefited by this arrangement, one being a case where a nurse contracted typhoid in nursing a typhoid patient and has been confined to the hospital for three or four weeks. Her hospital bill will be paid, the special nurse who cared for her will be paid and she will receive 70 per cent of her ordinary wages while she is incapacitated.

Care of Libraries

THE moment a school of nursing library grows beyond the point where it consists of one lone dictionary too ponderous to be readily carried about, the problem, "Who shall be responsible for the books?" arises. Few are the schools which have salaries for the much coveted and needed trained librarians. Indeed, relatively few have salaries for untrained custodians.

One school writes:

"We have tried leaving the door open and allowing the students to take books to their rooms between 8 a. m. and 8 p. m. This does not work very well. At the present time we leave the door open, but do not allow the books to be taken without special permission. This works better, but even now some books are taken out.

In view of this fact the students were requested to pay for the books that were lost. They thought it a perfectly fair thing to do, but asked to be allowed to pay only fifty per cent instead of the whole amount. This seems to be fairly effective.

It is not, however, one hundred per cent effective with regard to keeping the books in order on the shelves. The preliminary students take turns, and as they use the books during that period more than any others, it works out very nicely. In addition one of the instructors is responsible for the Library, and she posts lists every week of the books that are missing.

The Principal of another school says:

There are always three or four student nurses who are assistants in the practical and theoretical classrooms, and from them we hear considerable comment as to the books which they would like to have in the library and which they think the students would like to have.

Twice a year, when the instructors check up on the library books, they always find a good many missing, and they say in substance to these students: "How can I ask the hospital to add ———, ———, ———, to the library when there is all this loss?"

As a result of a conference with the President of the Student Government, the officers decided to lend their help and, guided somewhat by the principal, they voted to appoint library proctors who would help the instructors and who would go through the rooms looking for books. They made the following regulation: If a student takes a book from the library without signing in the proper place she is fined fifty cents, and if she does not return a book after it is duly posted she is fined one dollar. Ultimately, we shall probably make the regulation that one-half of the money shall go to the Library Fund, and the other half to the Student Government treasury.

Miss Dora M. Saunby of Michael Reese Hospital, Chicago, reported a satisfactory method at the League meeting in Atlantic City. Having a spacious nurses' residence and also being rather close to the University, they give room and board to three university students who divide the time on duty in the library from 8 a. m. to 10 p. m. This arrangement is very satisfactory, as it gives continuous supervision of the library, thus enhancing its usefulness and at low cost.

THUS Middletown, due allowance always being made for wide variations in practice within the city, may be observed to employ in the main *the psychology of the last century in training its children in the home and the psychology of the current century in persuading its citizens to buy articles from its stores;* it may be observed in its courts of law to be commencing to regard individuals as not entirely responsible for their acts, while in its institutional machinery for selling homes, failure to pay, whether due to unemployment, sickness, or other factors, is regarded as a deliberate violation of an agreement voiding all right to consideration; a man may get his living by operating a twentieth-century machine and at the same time hunt for a job under a *laissez-faire* individualism which dates back more then a century; a mother may accept community responsibility for the education of her children but not for the care of their health; she may be living in one era in the way she cleans her house or does her washing and in another in the care of her children or in her marital relations."—Robert S. Lynd and Helen Merrell Lynd, in "Middletown."

Nursing the World Around

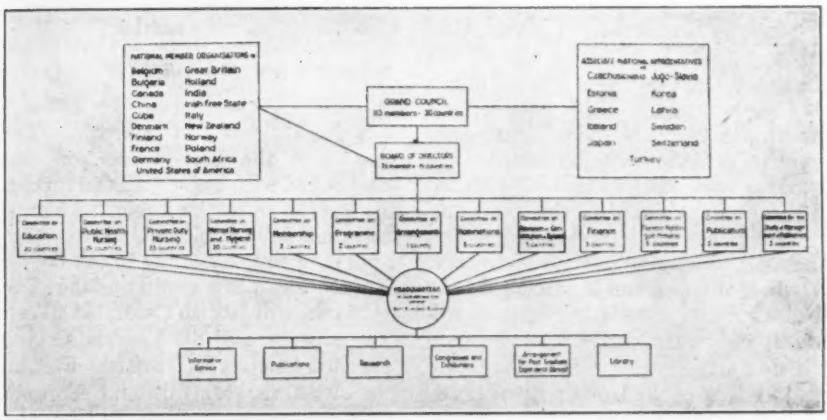
A Digest of the Reports Presented at the Congress of the International Council of Nurses, Montreal, July, 1929

VIRGINIA McCORMICK

THREE emphases in nursing progress are apparent in the reports of the official organizations of thirty-two countries distributed at the Congress of the International Council of Nurses in Montreal July 8–13. First, there is the steady progress along definite lines in some of the countries and the clearly defined objective in other countries of adequate nursing education. No report but contained mention of efforts constantly to improve the education of the nurse.

Then, each country pointed out that nursing itself as a profession was spreading, was reaching well beyond the boundaries that had limited it and finding its place in city and country district which four years before when the report of that country was presented at the 1925 quadrennial of the International Council of Nurses in Helsingfors, never before had known the benefits of professional nursing.

The stabilizing and development of the nurse associations of the various countries also was shown in these reports. In many countries where for a number of years there has been an official organization of nurses, the work of the associations during the past quadrennial period has been an enlarging of the scope of their work. In many countries, however, the process of the unification of nurse groups still is a matter for considerable thought and work on the part of the nurse organizations.



ORGANIZATION OF THE INTERNATIONAL COUNCIL OF NURSES

This chart appeared in the I. C. N. for July, 1929. It shows the set-up of the organization but does not include recent changes. For example, at Montreal, Greece, Jugo-Slavia, Brazil, Cuba and Sweden were admitted to membership; Italy was dropped from membership.

Great Britain

GREAT BRITAIN, mother of international nursing, has been strengthened during the past four years in its official organization, the

National Council of Nurses of Great Britain, by the affiliation of the British College of Nurses, the Association of Hospital Matrons, the Mental Hospital Matrons' Association, the Infectious Hospitals Matrons' Association, the Scottish Matrons' Association, and the Royal Waterloo Hospital (London) Nurses' League, thus including all the matrons' associations of special sections in Great Britain, and adding a membership of nearly 3,000 nurses to the council.

An event of importance to the British nurses was the appointment of Miss E. M. Musson, C.B.E., R.R.C., as chairman of the General Nursing Council for England and Wales. Miss Musson, who is treasurer also of the International Council of Nurses, began her work January, 1926, and her appointment is considered of significance in relation to the self-government of the nursing profession, in that a registered nurse was appointed to this position.

A step forward in nursing education in England was the institution in July, 1926, of the diploma in nursing at the University of London. Various colleges and universities now prepare nursing students for this examination and for that of the University of Leeds previously instituted.

In legislation, the most marked step taken during the past quadrennial has been the incorporation of the College of Nursing, Ltd., by Royal Charter. Formerly incorporated under the Board of Trade, this change has added considerably to the professional status of that institution.

United States

THE United States, the third of the original members of the International Council,[1] emphasized in its report the study being made by the Committee on the Grading of Nursing Schools, whereby it is hoped to obtain a clear view of the nursing progress in that country; the closer contacts developed between the headquarters of the American Nurses' Association and its component parts, the state associations through the Presidents' Portfolio, a compendium of information for state presidents; and what was stated in the report as one of the important points in the 1929 program, the study of official registries in the United States, undertaken by an added staff member "because of the increasingly important part played by the official registry in the supply of nurses to meet community nursing needs."[2]

Canada

NURSING education has taken a high place in Canada. Ten years ago the first connection was established with universities to further the education of the nurse. At present, four universities offer a five-year combined course leading to the degree of Bachelor of Science in nursing: The universities of British Columbia, Western, Alberta, and St. Francis Xavier. The universities of British Columbia, Western, McGill, and Toronto offer postgraduate courses in teaching, administration, and supervision in schools of nursing, and in public health nursing, the latter at the University of Montreal being planned for French students.

Subjects receiving the attention of private duty nurses in Canada seem to parallel those of the United States, among them being hourly nursing, group nursing, visiting nursing, the adoption of a ten-hour day on special duty in hospitals wherever possible,

[1] No report was available from Germany at the time this article went to press.

[2] No mention was made of the ever increasing development of the university schools nor of the important fact that the Yale School had received an endowment of $1,000,000 from the Rockefeller Foundation.—EDITOR.

refresher and extension courses and special lectures.

Examinations for the registration of nurses in Canada are held in each province at regular intervals during the year, usually twice in that period. In some provinces the examinations are held under the direction of the provincial (or state) university. In others, the registered nurses' association conducts them.

Poland

POLAND reports the establishing in 1925 of the University School of Nursing in Cracow. Up to that time there were three schools of nursing in Poland; namely, The Warsaw School of Nursing for 64 students; the Poznan School of Nursing for 56 students; the School of Nursing at the Jewish Hospital, Warsaw, for 60 students. The Cracow university school offered a two-year course for 40 students and in 1927 the Red Cross School of Nursing was opened in Katowice, Upper Silesia, also for 40 students.

The distribution of the graduates is interesting. Three hundred fifty nurses had been graduated up to January 1, 1929, of whom 40 per cent were engaged in public health nursing at the time of the writing of the report; 20 per cent were on the staff of hospitals; 20 per cent were assisting with the work in schools of nursing; and the remainder were doing private duty, postgraduate work abroad, or were not practising. The staffs of all the schools of nursing in Poland now are composed of Polish nurses.

One of the most significant features in the past four years in nursing in Poland has been the establishment of seven health centers in Warsaw and of seventeen rural centers. This work is directed by Polish medical officers who have had foreign experience, and by nurses.

South Africa

"THE period from 1925–1929 has been marked by two outstanding events in the history of nursing in South Africa," begins the report from the South African Trained Nurses' Association.

In January, 1928, the first National Nursing Congress was held, and in October of the same year two nursing representatives were elected for the first time to the newly formed Union Medical Council, resulting from the passing of the Medical Act.

Representation on this newly-formed council was the outcome of fourteen years of unremitting work by the Nurses' Association, according to the report. This Medical Council is composed of ten medical men appointed by the medical profession, three dentists, two nurses, seven members nominated by the government, and two doctors from the universities which train medical students.

The report contains this commentary on the council:

The nursing representatives venture to think that much of the value of the Medical Council lies in coöperation of the medical and nursing professions. No doubt this will not pass unchallenged in some of the older countries, but to our mind the best form of government is not a water-tight one, but one composed of representatives of all the bodies concerned.

New Zealand

THERE now are nine branches in the New Zealand Trained Nurses' Association, each branch having its own council which is elected from its registered nurse membership. An annual conference is held in the different centers by rotation to which representatives are sent from each branch, thus constituting a central council.

A new act passed in 1928 in New Zealand, called the "Nurses and Midwives Registration Act," gave control

of the registration and training of nurses to a board known as the "Nurses and Midwives Registration Board," comprising the members of which are the director-general of health; the director of the division of nursing; a registered medical practitioner appointed on the recommendation of the Minister; two other persons of whom one is a registered nurse and the other is a registered midwife, each appointed on the recommendation of the New Zealand Trained Nurses' Association.

Like many of its sister countries, New Zealand has been considering for some years the question of superannuation of nurses. Finally, after considerable effort on the part of the nurses an amendment was passed in 1925 to the National Provident Fund which provided the machinery for the superannuation of nurses.

Because of the present interest in pension schemes, the following résumé of the financing of this New Zealand superannuation fund is given, as stated in the report to the I. C. N. Congress:

The deduction varies from 4 per cent on the salary of these nurses under 30 years of age at the time of joining the fund, to 9 per cent in the case of those over 50 years of age at the time of joining. For the purpose of this deduction and also for reckoning the pension due on retirement the sum of 52 pounds is added to all nurses' salaries as being the estimated value of their board and lodging. In addition to the nurses' percentage referred to, the Hospital Board contributes an amount which varies according to the age and service of the nurses on joining the fund.

The New Zealand Government subsidizes both the members' and the board's contributions to the extent of 25 per cent and also bears all administrative and office expenses. The full amount paid in from these three sources is held entirely for the member, and the fund does not even have to bear its own office expenses.

The scheme provides for a pension at the age of 55 years or upon earlier retirement after 30 years' service and 15 years' membership in the fund. The pension is reckoned on the basis of one-sixtieth of the salary for each year of service. Thirty years' service would thus entitle the contributor to a pension of half of her average salary when she retires.

Irish Free State

THE National Council of Trained Nurses of the Irish Free State which included two associations at the time of the congress in Helsingfors, now has four organizations affiliated: The Irish Matrons' Association, with 42 members; the Irish Guild of Catholic Nurses, with 185 members; the Irish Nurses' Association, with 100 members; the Irish Nurses' Union, with 130 members.

Legislation is before Parliament now to enable nursing societies in Ireland to be subsidized in districts where it is found to be impossible to raise the funds necessary for the work. Considerable progress, states the report, has been made in public health work throughout the country, this being carried to a large extent by district nursing societies. The policy of the Department of Local Government and Public Health has been to encourage and assist voluntary agencies and voluntary effort in rural areas rather than to establish state services.

Finland

TWO postgraduate courses have been arranged by the Nurses' Association of Finland. These are intended for instructors and supervisors in schools of nursing. Two added experience courses also have been arranged, these being necessitated because in Finland the state register of nurses includes two groups, the "older trained nurses" with secondary school education and three years' training, and the "younger trained nurses" with elementary school education and one or two years' training. In order to enable the younger trained nurse group to register as older trained

THE BOARD OF DIRECTORS OF THE I. C. N. BEFORE THE ELECTION

Front row, left to right—Sister Bergljot Larsson, Norway; Miss Breay, England; Miss Noyes, 1st Vice President, U. S. A.; Miss Gage, President; Miss Gunn, 2nd Vice President, Canada; Miss Hersey, Canada; Miss Musson, Treasurer, England; Miss Reimann, Secretary. Second row, left to right—Miss Peterson, Denmark; Miss Astrom, Finland; Miss Bicknell, New Zealand; Miss Slater, India; Mrs. Bennie, South Africa; Miss Wu, China; Miss Healey, Irish Free State; Mlle. Chaptal, France; Miss Serton, Holland; Mlle Hellemans, Belgium; Miss Clayton, U. S. A.; Miss Guevara, Cuba. Had a picture of the new Board been taken, Miss Gage would have been replaced by Mlle. Chaptal, Miss Astrom of Finland by Miss Pojhala. There would have been included representatives of the new member countries, Miss Messolora, Greece; Miss Fraenkel, Brazil; Miss Bovolini, Jugo-Slavia; Miss Manongdos, Philippines; Miss Lind, Sweden.

nurses, the added experience courses have been given.

January 9, 1928, the Nurses' Association of Finland and the International Council of Nurses sustained a heavy loss through the death of Baroness Sophie Mannerheim. As a token of gratitude for the more than twenty years this great nurse leader spent as president of the Finnish association, the nurses of Finland have established a fund called "The Baroness Mannerheim Memorial Fund," which will permit scholarships to be awarded to nurses in training.

Denmark

IN spite of all the efforts which have been made to secure state supervision of nursing in Denmark, the most recent bill met with opposition in Parliament. The Danish Council of Nurses, therefore, as the only organization in the country which looks after the interests of the trained nurses and protects the nursing profession, must continue to take full responsibility for the development of nursing in Denmark. The report reads:

> With this object in view, the Council has made its conditions for admission more stringent, introducing among other things a clause to the effect that, with certain exceptions, no nurse can be accepted as an active member unless she has been an associate member of the Council during the two last years of her three years' course of training. The Council wishes in this way to come in contact with the student nurse at an early date in her training. By this means also, the Council has some influence in preventing student nurses who are unfitted for the work, continuing their training. They are not accepted into associate membership, this step being taken only after consultation with and in accordance with the opinion of the nurse in charge of the hospital where the training is taking place.

Because there were until recently only a few schools of nursing in Denmark offering a preliminary course, the Danish Council of Nurses, founded in 1927 a central preliminary school which is conducted on the lines of a

people's high school and is recognized by the state as such.

A step of interest to the nurses of the United States at this time, was that taken by the Danish Council recently to prevent over-production in the nursing profession of its country. All institutions recognized by the Council for the training of nurses have been approached with the request that they reduce the number of their students and increase their trained staff. This step was recommended by the Town and County Councils and by the Association of Doctors in Provincial Hospitals. According to the report:

> The problem is increasingly urgent, the unemployment among nurses being a serious menace. The situation has arisen largely because the hospitals prefer to use the students who are "cheap labor."

Holland

AN effort toward greater unity and organization among the nurses of Holland is the striking feature of the report of Nosokomos, the official organization of that country. Influenced greatly by the Congress of the International Council of Nurses in Helsingfors in 1925, the members of Nosokomos:

> Began to wonder why Holland should be unable to unite the greater number of its nurses in one self-governing professional association. Though Nosokomos, with its 650 members has done excellent work and gained considerable influence, it seemed a matter for regret that no larger proportion of the more than 13,000 registered nurses in Holland (general registered nurses and those doing mental nursing) should be organized on a professional basis.

During the past four years, therefore, the idea was gradually maturing for the uniting of Dutch nurses in an independent professional organization. In 1926 Nosokomos asked the Association of Superintendents of Nurses to support the movement but the idea was not accepted favorably. "However," reads the report:

> In the winter 1927–1928, a number of prominent nurses came together and instituted a provisional committee for the purpose of founding a national organization. Finding themselves supported by public opinion they founded the National Association of Nurses (DeNationale Bond van Verplegenden) April, 1928.

The president of Nosokomos and the president of the Visiting Nurses' Association are serving on the provisional committee and draft statues have been drawn up in accordance with the requirements of the International Council of Nurses. At a general meeting of Nosokomos in November, 1928, it was unanimously decided that the association, Nosokomos, be maintained, but that in order to remove any possible obstacle to the development of the national association, the Nosokomos be suspended for an indefinite period. The weekly magazine functions unchanged and the registry for private duty nurses maintained by Nosokomos under the control of the executive will continue as heretofore.

Meantime the Nosokomos has gone about its immediate business, among its efforts of the past four years being work toward legislation for a 48-hour week. It was successful in obtaining a 55-hour week for nurses on the staffs of hospitals, these nurses coming under the protection of the Labour Law January 1, 1929.

Norway

NORWEGIAN Nurses' Association reports the establishment in 1925 of postgraduate courses for nurses. These are being conducted in four fields, for administrators of hospitals and schools of nursing; for teachers in hospitals and schools of nursing; for public health and social workers; and in nutrition

and dietetics. The length of the courses for the three groups is three months, and for the fourth group is one year.

A university department of nursing cannot be considered at this time because there are no courses for practical study but it is stated that:

> These curricula may without much alteration be made suitable for the high school of nursing, such as exists in Norway for agricultural science and the like.

The bill for state registration of the nurses still is before the Parliament of Norway. As it is not as the nurses would like, they have had action on it postponed in the hope that it may be "altered and made serviceable to the benefit of the public and of the nurses."

Every nurse in Norway can now obtain an invalid or old-age pension, through the state, the municipalities, the nursing institutions, or the Norwegian Association of Trained Nurses, the latter maintaining or assisting with the maintenance of the Help Fund, the Invalid and Old-age Pension Fund, the Fund for Tired Nurses, the Fund for Building and Home for Old Nurses, and the Diet Fund.

India

THE nursing profession in India is passing through a stage of transition such as is apparent in the entire country, according to the report of the Trained Nurses' Association of India. It is asserted that:

> Our greatest difficulty is that we are grappling with the conditions of a continent rather than a country, and for this reason our advances are confined to the energies and conditions prevailing in separate presidencies rather than those of one country.
>
> India's women are waking up. We no longer depend on the down-and-out castes to provide us with the material by which India's sick and suffering humanity shall be nursed and cared for. Indian women of the educated class are realizing their responsibilities and opportunities in caring for their afflicted sisters.

A situation resulting in much perplexity has arisen in India due to the fact that many nurses who have taken only a two or two-and-a-half year course of nursing go to India and are placed as nursing superintendents in important hospitals. "They come," states the report, "chiefly from American schools of nursing which give certificates of efficiency after such a period."

It was felt impossible by the Indian association to refuse these nurses who are registered in the state to which they belong admittance to the association in spite of the fact that the Indian association is doing all in its power to enforce in India a three years' training as the only standard for state registration.

Belgium

THE National Federation of Belgian Nurses is composed of twenty associations with a total membership of 920 nurses. Seven of these organizations are Flemish-speaking and thirteen French-speaking. There is keen competition between the associations, the members of which attend, however, the monthly gatherings of the Federation so far as their duties permit, and a compulsory meeting once a year.

Practically all the associations have their own study circle for the discussion of matters of professional interest. They have libraries also, and make arrangements for conferences, travel, and social activities, while the Federation arranges lectures and visits to organizations, hospitals, and factories.

The National Federation of Belgian Nurses had been hampered greatly in its work by the lack of a full-time executive. In 1928, however, a full-time secretary, Mlle. H. Waterloos,

was appointed, funds for the office being obtainable because of the considerably increased membership in the Federation during the past several years.

China

THE Nurses' Association of China, which had hoped this year to be hostess to the International Council of Nurses, has been having many vicissitudes and an equal or even greater number of balancing successes during the past quadrennial. The following is an extract from the report given in Montreal:

> We render thanks to our Heavenly Father for all the wonderful ways He has led our Nurses' Association and for the opportunities He has given our members through all the changes involved. During the days of warfare our members rendered valuable service on the battlefields and in the base hospitals, under the Red Cross and military units, as well as by carrying on the desperately needed work of caring for the sick in the established hospitals, and of training the student nurses.
>
> The publisher of the Nurses' Association of China, the Kwang Hsueh Publishing House, has, under the most difficult circumstances, kept our schools and nurses supplied with the necessary textbooks. New books have been prepared and translated and old ones revised and published. In 1928 the sale of our textbooks was about 2,000 Mexican dollars in excess of any previous year in our history.

All the numbers of the *Quarterly Journal for Chinese Nurses* have been issued, only two editions being late during the difficult period in 1927. States the report with pardonable pride:

> We still are able to say that our nursing journal is owned, controlled and published by our association and has been self-supporting from the first issue.

Curricula for schools of nursing have been revised to keep abreast with progress, there being now 131 schools registered with many more approaching the registration standards.

> Perhaps one of the most difficult pieces of work has been the holding of the annual national examination, in spite of interrupted travel routes and delayed mail services. In several instances the nurses were writing their examinations while fighting was going on in the same city. However, 1928 was a record year and the future is bright with promise.

In the autumn of 1925 the association purchased a site in Hankow on which it was hoped to build headquarters. Since that time the office has been mostly "on the march." Late in 1926 it was moved to Shanghai and then back to Hankow in February, 1928. But with the moving of the capital to Nanking in the south, Peping "is to become the educational center, there being nine colleges and two hundred high schools in that city." Many doctors come from other parts of China for experience in Peping Union Medical College Hospital and many nurses come for postgraduate work. It was urged, therefore, that the Nurses' Association of China, find its headquarters in that city. This was finally achieved in December of last year with the purchase of land jointly with the National Medical Association.

There has been considerable growth in the establishment of public health centers, a maternity center, and in postgraduate courses including one in midwifery in about twenty schools. The Ministry of Health now has been established in Nanking and will have the direction of all national health work, including the registration of nurses, doctors, midwives, dentists, etc.

In 1925 there were admitted to the International Council of Nurses the nurse organizations of Bulgaria, Cuba, France, Irish Free State, and Poland. The last two named already have been mentioned.

Cuba

IN Cuba during the past four years nursing has spread rapidly. States the report:

> Very good results have been obtained through the new official Government Register of Graduate Nurses in the Central Nursing Bureau where each nurse has her signature legalized and an identification card with her photograph deposited by the School of Medicine of the University of Havana.

This method, it is said, affords a guarantee to the public and a means of protecting nurses against the competition of "bogus members of the profession."

Cuba now has eight schools of nursing which prepare students for the state examination, these schools all being government institutions. From January, 1925, to December, 1928, one hundred seventy-eight nurses passed their examinations and obtained diplomas.

France

ONE of the expressed objectives of the National Association of Trained Nurses of France, is to secure the best possible nursing care for the sick of all classes. The nursing care of wealthy patients in France is easily arranged, according to the report given at the Montreal congress. And the poor and all members of the working classes can receive visits in their homes free of charge by nurses who are paid either by official bodies or by private organizations.

> There remains, then, the very large and, especially since the war, the very interesting class of people of moderate means who are not sufficiently well-to-do to pay for nursing in their homes at the rate of private duty nursing. For this group the Association has made a special effort and visiting nurse service for patients of moderate income was established in Paris in February, 1926, under the direction of two private schools of nursing.
>
> Each of the schools selected from its graduates one or several especially efficient in bedside care and offered them a fixed monthly salary. These nurses are placed at the disposal of middle class families and give their services according to the needs of each case, whether acute or chronic, once or twice a day for a maximum period of two consecutive hours.

In the interests of its members, the French association has secured considerable increases in salary, especially since 1927, but much remains still to be done, especially in the field of public health. At a recent meeting of the États Généraux du Feminisme in Paris it was decided unanimously to submit to Parliament resolutions including one to the effect that:

> A large enough subsidy be voted each year to establish public health nurses to combat social scourges in all districts of France, paying them salaries worthy of their services and in proportion to present costs of living.

Other developments in France during the past quadrennial period include the taking over as its official magazine by the association of "*L'Infirmière Française.*"

Bulgaria

PROGRESS of nursing education in Bulgaria includes the reorganization of the Red Cross School of Nursing which since July, 1927, has been completely in charge of Bulgarian nurses. In 1925 the course of training was extended to three years instead of two years and nine months as it had been conducted for some years.

More nurses for Bulgaria had become such a difficult problem for the Department of Public Health that in 1928 the association was asked to assist in solving the problem. It was decided finally that the most economical solution would be to help the Red Cross School which had started so well, to open a Health Center where

student nurses could gain experience in public health work.

Nursing education in Bulgaria is finding its place among the other forms of professional education and soon will occupy a prominent position, for politicians and educators in Bulgaria both insist on the need for better professional education for the Bulgarian girl.

In the realm of private duty, the Bulgarian association has been successful in arranging a standard fee for private duty nurses.

World Wide Problems

THAT nursing is international in problems and aspirations as well as in organization is a fact that is emphasized at succeeding meetings of the International Council of Nurses as the reports from its member countries describe their work during the previous quadrennial period.

This fundamental similarity in the trends of nursing education and in legislation to control nurse practice is, of course, to be expected from these constituent units of the international organization. So it is that the realization of the truly international basis of nursing comes, not so much from these countries where nursing already has been an established profession for a number of years, but from those other countries the nursing associations of which not yet are admitted into the International Council. After listening to such reports, those who attended the Montreal Congress felt a deepened conviction that adequate professional nursing is an objective not confined to any one group of countries, but is, indeed, a world-wide hope and purpose.

There were two groups of non-member countries which gave reports in Montreal. Associate national representatives reported from Estonia, Greece, Iceland, Korea, Latvia, Sweden, Switzerland, and Turkey, and nurses from other countries telling of their work, represented Austria, Brazil, Hungary, Palestine, Spain, Syria, and Uruguay.

Legislation

IN these countries, as elsewhere, the question of legislation was an universal one. Estonia described the present State Register for Nurses which is provided for by a decree but which, it is hoped, will be superseded next year by the passage of a Nursing Act by Parliament.

Korea has one Government "designated training school." Sweden now has twenty-nine schools of nursing approved by the State, twenty-seven of which have a three-year course, only two schools being content with the two-year course required by the law. Moreover, a new hospital law was passed in Sweden in 1927 and a bill dealing with the treatment of those afflicted with mental disease has been brought this year before the Riksdag.

Persistent efforts in Switzerland for the improvement of the working conditions of the nurse have led to a Federal Bill for a weekly day of rest, a provision already established in several cantonal hospitals. Brazil has had a Bureau of Nursing for nearly a decade, this department now being organized with a Division of Public Health Nursing and a Division of Nursing Education.

A Royal Decree governing the nursing profession was published in Spain February 24, 1927. "Unforeseen difficulties arose, however," states the report, "and delayed the executives. But it is hoped that the Government's intentions will be carried out in the near future."

In Uruguay nurses and attendants in hospitals are Government employees for all hospitals of that country (thirty-three) are under the supervision of the Social Service Department represented by a board of nine doctors and laymen.

Nursing Education

A GROWTH in the development of nursing education, slow in some countries, taking only its first uncertain steps in others, and in others winding its way upward toward high professional standards is shown in the various reports.

Icelandic nurses are looking forward to 1930, the thousandth anniversary of the first meeting of the Icelandic Parliament. It is planned that a new state hospital now being built will be completed by that time, thus giving the first school of nursing to Iceland where student nurses can be trained without going abroad for the completion of their course.

Korea reports the raising of the standards through the unifying of the curriculum in the training schools of the country. Here the whole scheme of nursing education has had in mind only the institutional nurse because the poverty of the majority of the Korean people does not allow the development of private duty nursing at the present time. Public health, greatly needed in Korea, is not yet being taught in the schools.

Sweden and Switzerland both report the recent introduction of preliminary courses in the schools and of postgraduate and refresher courses as well. A preliminary course equal to the minimum standard required by New York State was instituted in 1926 into the Schools of Nursing, American University, Beirut.

Student training in Austria is left largely to the head nurses while in Brazil, graduates of the Anna D. Nery School of Nursing have been taking over gradually the leadership until December 31, 1926, the "health visitors" who had inaugurated nursing in that country, no longer were needed and "passed into the archives of history."

A conference in 1924 of doctors and sisters from Government and mission hospitals of Palestine resulted in the introduction of a standard curriculum and concurrently a syllabus submitted by the Hadassah Medical Organization was approved by the Palestine Government.

University Schools

THE tendency toward the teaching of nursing in schools connected with universities also is restricted to no particular groups of countries. Estonia in 1925 opened a school under the auspices of Tartu University, where the hospitals and laboratories are open to the students of the School of Nursing. University professors and their assistants give the lectures with the exception of those in Practical Nursing and History of Nursing which are taught by the Director of the school.

The School of Nursing connected with the University of Debreczen and financed by the Hungarian Red Cross was turned over entirely in 1926 to university control, a step considered advantageous to the future of the nursing school.

And in Syria there is the School of Nursing of the American University at Beirut which has been functioning since 1905 and which enlarged its work in 1918 so that students now have experience in all services except mental hygiene.

Mental Hygiene

SWITZERLAND and Spain tell of progress in mental hygiene nursing. In Switzerland there was organized in 1925 the Swiss Association of Psychiatric Nurses. "This organization," states the report, "is based on professional self-government. It has its own magazine and employment agency, and is actively engaged in

raising the educational standards of psychiatric nursing." At the instigation of this society an examination for psychiatric nurses was introduced in 1927, the requirements including three years' training but, unfortunately, not full training in general nursing.

The Red Cross in Spain in 1928 added special courses in mental nursing for trained nurses only. A medical specialist is in charge of the class work and it is hoped before long to develop a considerable group of nurses trained in this particular branch.

Midwifery

MIDWIFERY is taught scientifically in a number of countries now. Among those mentioning such work is Palestine which tells of a Training School in Midwifery connected with the Government Hospital in Jerusalem. There is always, it is said, a long waiting list of prospective candidates and the majority of the nurses after graduation also apply for entrance into the School of Midwifery.

The American University at Beirut extended its work in 1927 to the thickly populated Eastern section of the city where it opened a health center and a maternity hospital in connection with which it established a Training School for Midwives. In order to keep a high standard in the latter, the University accepts into its midwifery school only educated girls who are graduates of recognized schools of nursing.

Pensions

THERE seems to be almost complete unanimity among nursing groups as to the need for one or more of the varied forms of relief and insurance. Of the countries under discussion both Sweden and Switzerland describe their nurses' relief funds while Sweden cites as an immediate problem a home for aged nurses and sickness insurance for nurses and student nurses. An insurance scheme for graduate nurses in Sweden is reported to be well under way.

Attendance at the I. C. N. Congress

Montreal, July 8–13

THE figures, for interest, are arranged geographically and not strictly in accord with the jurisdictions of the various organizations. Grand total, 6,213; Overseas, 357; United States, 3,034; Canada, 2,822.

		Overseas	
Austria	6	India	2
Belgium	9	Irish Free State	1
Bermuda	2	Italy	2
Brazil	7	Japan	5
Bulgaria	2	Jugo Slavia	1
Burma	1	Korea	4
China	13	New Zealand	7
Cuba	3	North Ireland	2
Denmark	8	Norway	11
England	125	Philippines	5
Finland	33	Poland	4
France	19	Porto Rico	3
Germany	4	Roumania	1
Greece	1	Scotland	39
Haiti	2	South Africa	7
Holland	11	Sweden	7
Hungary	1	Switzerland	9
			357

Magic

MARY SCHICK

IT is reported that Irvin Cobb once confided his two most stimulating topics of conversation to a hostess who feared for the dullness of her dinner party, viz: "White whales," and "What I like to eat for breakfast." The first topic allows one to talk at length and as interestingly as may be without danger of contradiction or interruption for nobody knows anything about the creatures; and on the second topic everyone will contribute something. It is guaranteed to loosen the tongue of the most uninspired. To these two I wish to add a third, "superstition." Regardless of how rational the group each one will joyfully confess his pet superstition. After centuries of attempts at rational living we still put on the right shoe first and feel a dread of getting out the wrong side of the bed. As for walking under a stepladder, well, it just isn't done! Where is the man who does not believe in luck? Friday for instance, has such a reputation for ill-luck that few persons have the hardihood to start a journey on that day. The great steamship lines find it necessary to sail at one o'clock Saturday morning if they are to gain a day in time, for they can get neither crew nor passengers to sail on a Friday. Superstition is as old as time and has its origin in the very beginnings of the human race when gods and religions were invented to explain all phenomena. We can understand the reverence or fear of the unknown when we consider our own relation to that commonplace necessity in our daily lives, electricity, and we can only imagine the fears that beset the early humans during a severe thunder storm or an epidemic of disease. In Sir James Frazer's *Golden Bough* we have a fascinating account of the beliefs and gods invented by primitive peoples to render their world rational. In this famous book, originally published in twelve volumes but recently issued in condensed form in one volume for the general reader, he says:

> Superstitions survive because, while they shock the views of the enlightened members of the community, they are still in harmony with the thoughts and feelings of others, who, though they are drilled by their betters into an appearance of civilization, remain barbarians or savages at heart.

They survive in the rice we throw after the happy couple at a wedding to the black clothes we wear at funerals. They surround us on every hand, literally from the cradle to the grave.

As time progressed and religions developed, we find that supernatural beings were both "good" and "evil," and magic becoming an integral part of all pagan religions. Magic is defined by Webster as,

> that art or body of arts which pretends, or is believed to produce effects by the assistance of supernatural beings or departed spirits, or by the mastery of the secret forces of nature.

We must use the word "Magic" to describe those things which touch our emotions and imaginations. It serves a purpose for us, as it did for the ancients, to describe what we cannot understand,—the spell cast over our spirits by a painting, a symphony, or a sunset.

But who am I to be talking about magic? The kind of magic with which I am most familiar, being a worker among books, is the magic of the printed word, and it is the magic of the primitive evoked for fear, the fear of ignorance or boredom. Magic

lies in finding your vague thoughts clearly and forcibly expressed; in finding that courage, truth, and honesty are eternal verities; in finding this confused and blundering age with its changing ideas, morals, and manners clarified for us, as for instance, in Walter Lippman's *A Preface to Morals*, or Dorsey's *Why We Behave Like Human Beings*, or Patrick's *World and Its Meaning*.

Poetry holds true magic for all of us. Everyone should have a favorite poet, one who expresses for him the "dim beauty at the heart of things." Each generation produces its own singers and it behooves us to become acquainted with those of our own time. Harriet Munroe has a volume, *The New Poetry*, that will serve as an introduction to the best of our contemporaries. There is rest and relaxation in singing words and inspiration when the poem fits into the day's work. Whose patience will not prove a little more elastic if he has discovered Sara Teasdale's *Songs in a Hospital*, the sufferers point of view.

> My soul is a dark ploughed field
> In the cold rain;
> My soul is a broken field
> Ploughed by pain.

Such imagery will increase our sympathies.

When ages ago Solomon made the prophecy found in that noble book of *Ecclesiastes*, "of the making of books there shall be no end," he had no conception of what a world filled with printing presses could turn out. There are too many books for any one person to count, there are too many on any one subject for one person to read, and in wondering what to read we are somewhat in the dilemma of the centipede, who, not knowing which leg came after which, "Lay distracted in a ditch considering how to run." Fortunately, there are many guideposts, and at the risk of being called didactic I want to make a few practical suggestions.

Our public libraries are established and maintained for the education and the recreation of the public. We are urged to use and enjoy them. One visit to the library in search of a book, or a bit of information, will result in many suggestions for reading. The value of making lists of books cannot be overestimated; it is really taking out an insurance policy for the leisure hour, or a vacation when there is time to read. Our friends are constantly recommending books, the books and articles we read contain authors and titles of others. If we are studying a textbook, the author is sure to give his sources of information, some of which will attract us to further reading. "Books should to one of four things conduce, wisdom, piety, delight, or use," is the opinion of a wise old Englishman, Sir Thomas Browne, and if in making your list you add the name of the person who has recommended the book, a line from the criticism that has made it attractive, or the reason you think it will fill your requirement, you will soon find that you have a list of books to fit every mood. Presently you will discover that the reading habit has fastened itself upon you and that you possess a list of books which you have read, the contemplation of which is comparable to the pleasure of gloating over your bank-deposit book. The reading habit and the bookshelf grow simultaneously for the impulse to own the books we enjoy is irresistible. With a well-filled shelf of chosen companions, loneliness is forever banished. Another habit I highly recommend for extracting much joy is keeping a scrapbook into which can be copied or pasted clippings or pertinent quotations in prose or verse.

We do not always want to read for recreation but prefer to feel that we are acquiring useful information or adding to our store of knowledge, facts referred to by Thoreau as "Frontiers," which, "are neither East nor West, North nor South, but wherever a man fronts a fact." Our main difficulty is not in discovering the facts but in retaining them. There are several books which will be found helpful if one is dissatisfied with his reading habits. Ernest Dimnet's *Art of Thinking* is full of practical suggestions on how to read and concentrate. Dorothy Canfield Fisher's *Why Stop Learning?* is another book calculated to assure us that real education begins only after the schoolhouse door has closed behind us. There are any number of selected lists designed to meet the demand for systematic reading and study. These lists are available at every public library. Don't hesitate to approach the librarians to ask for assistance. They are custodians of book collections and knowing their wares will make them available, and also, as one witty librarian expressed it, accustomed to "suffer fools gladly." As a by-path I want to add a word on note-taking. Note-taking should not be abandoned with our school lectures; it should be cultivated and encouraged as part of our equipment for crossing "the frontiers." In note-taking there is only one rule, and it has no exception. The source of the information should be most carefully noted; the author and title of the book with the number of the page, should accompany any note you think worthy of preservation. Wide margins will be found a justifiable extravagance in your notebooks if you record the sources of your information alongside the fact you wish to retain. This will save an incalculable number of hours of precious time when reviewing for an examination or for a thesis. The sources of your information will be signposts on your road to knowledge.

But, "to return to our mutton," magic does not affiliate with note-taking and book lists! They are the antithesis of magic, the buttresses of research. Magic is the polar opposite of science and it really took the place of science among the primitive peoples. If you are interested in superstition and magic themselves, look up Philip Waterman's *History of Superstition*, or Daniel Deerforth's *Knock Wood*, which has so obviously borrowed its title from our widespread custom of touching wood when we fear a reversal of luck. Why should boasting precipitate a tragedy? And why should wood avert it? Superstition is a most fascinating subject and it will undoubtedly lead you to reading in addition, a history of religion. Browne's, which we have just mentioned, has a popular appeal, and also Frazer's, but should you wish to go into the subject thoroughly Reinach's *Orpheus* is one of the best and most scientific histories of all religions.

Interwoven throughout the accounts of superstition and religion you will find the bright and familiar thread of the science of medicine, that greatest and most magic-destroying of all sciences with which the profession of nursing is allied. The ills to which flesh is heir have been the subject of conjecture and cure as long as the history of the human race. To cure the sick, and to relieve suffering bring to the fore the better side of human nature, the side most often overlooked in these days of advertised crime. This quality composed of sympathy and self-sacrifice is our one consolation in times of catastrophe. What is more inspiring than a review

of the heroes of medicine and the contemplation of their contributions to civilization? The history of medicine is picturesque and romantic, fighting irrational and superstitious mankind every step of the way to a certain, if still incomplete, victory. When we consider the eradication of smallpox, leprosy, and yellow fever, all made possible by scientific investigation, it is incredulous that there are still large numbers of civilized people who believe that disease and its conquest are matters of faith. The Greeks were the first to separate medicine from religion; Greek civilization, as Greek medicine, was the highest form known to the ancient world. With the decline of that civilization came also the decline of scientific medicine. The obstacles put in the way of its advancement through the introduction of Christianity and its teachings at that time is a disheartening story. Although, as Doctor Haggard says in his *Devils, Drugs, and Doctors*, "While the theological beliefs of these times were impractical, they nevertheless had elements of idealistic beauty, . . . which led to the founding of orphan asylums and hospitals." (This book deserves a double star on your list.) Even today we find laws against antivivisection, and in two of the states in our broad land the laws for compulsory vaccination have been repealed. Thus, we realize how slowly humane ideas take hold.

The insignia of the medical craft is directly associated with magic. The caduceus which is the rod of Hermes, the messenger of the gods, is a wand around which two snakes are twined. There is a legend that Hermes found two snakes fighting and separated them with his wand, from which circumstance his staff became an emblem of peace. There is an element of sardonic humor in associating Hermes with the medical profession, for he was not only a herald of the gods, but a guide to the dead in Hades, and was characterized by cunning and trickery. He was credited with endowing Pandora, the first women with the faculty of lying, and sadly enough is represented in art as the god of gain with a purse in his hand. These, however, are only a few of the many duties assigned to him by Zeus, his other characteristics being more in accord with the message of his wand, for he was god of roads, of sleep and dreams, and of gymnastic skill which makes for health and strength. According to legend, he was happiest when dallying with the nymphs and shepherds, and there is no surprise in discovering that Pan was his son.

The rod as a symbol of power is so familiar that a moment's reflection will recall innumerable examples. The staffs of the mythological gods, the wands of the fairies, the miraculous rods of Moses and Aaron, the scepters of kings, all represent authority and sovereignty. The cane, its descendant, not so many years ago was the inevitable companion of the general practitioner, and originally the pierced knob by which he grasped it was filled with an evil smelling drug to render him impervious to disease. The most famous of all canes, perhaps, is the gold-headed cane which now hangs on the wall of the Royal College of Physicians and Surgeons, the story of which is told by Doctor McMichael in his book of that title, *The Gold-headed Cane*, in which the cane itself speaks and recounts the many famous bedsides it visited in the company of the King's surgeons who carried it.

Advances in medical science during the last fifty years have been phenomenal and, "as the progress of mankind depends upon the success with which

the laws of phenomena are investigated, and the extent to which a knowledge of these laws is diffused" (which is Colonel Vedder's avowed reason for writing his *Medicine; Its Contribution to Civilization*), it behooves all of us to become better acquainted with the subject and thus help forward that science which has done so much for civilization, and which still meets with opposition and discouragement. The story of anesthesia from the first experiment to its now universal use, almost within the Biblical life span of three score years and ten is worthy of the attention of the most avid reader of best sellers.

To belong to the rank and file of such a profession, to be connected however slightly with so historic a calling is an inspiration in itself. But inspirations lag at times, and haloes seem dim in the distance, so that it is necessary to reassure ourselves that all is not vanity. To this end pursue knowledge. A knowledge of the contribution of medicine to civilization is a realization of the freedom it has conferred on humanity, freedom from the shackles of ignorance and superstition.

Notes

THE American Library Association (Chicago) is issuing a series of booklets, *Reading with a Purpose*, which is designed to meet the demand for systematic reading. Each pamphlet contains a brief essay on the subject treated together with comments on a few of the most interesting and readable books. *Biology* by Vernon Kellogg, *Philosophy* by Alexander Meiklejohn, *Psychology* by Everett Dean Martin, *Founders of the Republic* by Claude Bowers, *The Human Body and its Care* by Morris Fishbein, are a few of the subjects which have attracted hundreds of readers.

For professional reading consult the *Standard Curriculum for Schools of Nursing*. Under the various courses text and reference books are listed, completely covering the subject.

Suggested List of Reading

Browne, Lewis	This Believing World	Macmillan, 1925	$2.50
Clendenning, Logan	The Human Body	Knopf, 1927	5.00
Dana, C. L.	Peaks of Medical History	Hoeber, 1926	3.00
Deerforth, Daniel	Knock Wood	Brentano, 1928	3.00
Dimnet, Ernest	Art of Thinking	Simon & Schuster, 1928	2.50
Dorsey, G. A.	Why We Behave Like Human Beings	Harper, 1925	3.50
Fisher, D. C.	Why Stop Learning	Harcourt, Brace, 1927	2.00
Frazer, Sir James	Golden Bough	Macmillan, 1923	5.00
Garrison, F. H.	Introduction to the Study of Medicine	Saunders, 1929	12.00
Haggard, H. W.	Devils, Drugs, and Doctors	Harper, 1929	5.00
Lippman, Walter	A Preface to Morals	Macmillan, 1929	2.50
Packard, F. R.	Guy Patin and the Medical Profession in the Seventeenth Century	Hoeber, 1925	4.00
Patrick, G. T. W.	World and Its Meaning	Houghton, 1925	3.50
Sudhoff, K.	Essays in the History of Medicine	Medical Life Press, 1926	5.00
Vedder E. B.	Medicine; Its Contribution to Civilization	Williams & Wilkins	5.00
Waterman, P. F.	Story of Superstition	Knopf, 1929	3.50

Mental Nursing, a Privilege

MARIE OLSEN, R.N.

A PSYCHIATRIST at one time made an appointment for me to see one of his patients suffering from neurosis. Throughout the interview the patient asked the following questions and made the appended statements:

Are you musical?
Have you a sense of humor?
I don't want anyone who is going to tell me what comforts they have had elsewhere.
I want to spend my time with my children and husband when he is at home, and what would you do alone?
Your bedroom would be near mine, and I should dislike that.
I don't like complaints!
I want to see my friends by myself.
If I got nasty and mad and told you that I could not stand the sight of you, what would you do?

If I, at the time when I had to meet this situation, had developed no real interest in mental nursing, I would have looked at the patient, bowed my head and said, "I am sorry, but I do not think that I am the nurse you want." As it was, I had begun to realize that statements of this kind, coming direct from the patient, are very helpful to a worker in mental therapy because, before entering the home of a patient with a defense mechanism of this calibre, a nurse who is a student of the psychology of the unconscious gathers from the fragments of such a conversation exactly where other nurses have made their mistakes. She is then in a position to relieve the strain, by carefully avoiding any pressure of a similar nature until she has gained the confidence of the patient and family.

It is this attempt on the part of the nurse to sublimate her own personality, in order to gain the confidence of the patient, that the mental nurse will find a good method for approach. In a sense the patient's difficulties become the nurse's difficulties, his interests the nurse's interests. If the patient revels in poetry, the power goes to the nurse who loves poetry; if the interest is good housekeeping, the power goes to the nurse who knows a great deal about the management of a household. It is not so much the product of the effort as the sincerity that counts in the end.

We know that doctors and nurses who have never made a special study of mental therapy are inclined to punish the mentally ill by withdrawing their interest. Considering that in general hospitals one usually comes in contact only with advanced cases, who eventually are sent to institutions for the insane, and with very few incipient cases, that does not seem hard to understand. Furthermore, nurses suffer from the same lack of education in the general field of mental health as the future physicians in training. Therefore, acquiring knowledge of mental therapy for the most part still rests with the individual. The subject will have to be perused as something apart from the regular training, until mental hygiene is more effectively incorporated into the curriculum. The nurses who have worked in modern psychiatric institutions have learned something about degrees of mental illness, but they have had little opportunity to study methods of treatment. The work that apparently holds the key to modern mental therapy is done today in the psychiatrists office. I refer to mind analysis, more commonly known as psychoanalysis; the purging of the mind of its contents, and the effort to put it together again

after the missing links have been discovered.

What I know of mental therapy I have learned while doing private nursing outside of institutions. While training in a general hospital I, too, imbibed a fear of the insane, and I knew very little about the interesting, curable, first stages. During varied experiences in institutional, public health, army and private nursing, the literature dealing with mental hygiene that drifted my way did very little to change my opinion. I read psychologies for nurses, condensations of textbooks on educational psychology used in the universities. At college, a course in Psychology A covered the anatomy of the nervous system, the laws of learning, various behaviorisms, mental tests, dealing only sketchily with the mental conflicts involved in neurosis. It gave me a knowledge of educational psychology or the psychology of the conscious as treated by E. L. Thorndike, J. B. Watson, A. I. Gates, W. James and R. S. Woodworth. There was a one-point course given in mental nursing referring to fragments of the writings of W. A. White and Bernard Harr, But even that did not awaken my interest, because *case experience is absolutely necessary* to make mental nursing piquant. And, furthermore, if we remember that educational psychology deals mainly with the conscious, it should be made clear that a worker in mental therapy must build up her interest and foundation from the study of the psychology of the unconscious.

Calling to mind the striking symbol of Stanley Hall, where he compares the mind to a floating iceberg, with one-eighth visible above the water and seven-eighths below, the one-eighth above being called the conscious and the seven-eighths below that which we call unconscious, it is evident that educational psychology is entirely inadequate as a basis for a student nurse in mental therapy. It is the unconscious, or the seven-eighths below the water, which forms the basis for a psychiatrist's investigations.

My interest in mental therapy dates from the day a New York psychiatrist called me on a case suffering from neurosis in the form of agoraphobia, or fear of public places. A neurologist had suggested me for the case. The patient was a young woman with an unusual intellect and good education, newly married to a medical scientist. She had been suffering from neurosis for some years, and at the time she was visiting the psychiatrist's office three times a week for psychoanalytic treatment. In the home of cultured patients who have been struggling with neurosis for a long time, nurses will usually find good psychological libraries. This home had an unusual collection of the latest books dealing with the psychology of the unconscious. As a rule psychoanalysts allow their patients to read only superficial, general accounts on psychoanalysis. The idea being to avoid acquainting the patient with the technic, which would be like the strategist who delivers his plan of attack into his enemies' hands. Nevertheless, my patient perused every new book, she seemed to be familiar with all the strategy, and her husband helped her by clarifying any obscure places. Undoubtedly in this case, my patient's knowledge of psychotherapy was a detriment to her because it enabled her to guard the cause for her neurosis, but her knowledge became a decided advantage to me.

Naturally I wondered where I, who knew practically nothing of the psychology of the unconscious, could be

of help. From her experiences with nurses in the past, she had formed an opinion about the average nurse's knowledge of mental therapy. The nurse whom I succeeded had been with this patient for over a year. From description I got a picture of her, a kind, motherly soul, who read a great deal, but who was unable to remember what she had read. Her asset seemed to have been that she was able to keep silent whenever the patient became garrulous. It seemed the strangest and most interesting bit of nursing that I had ever done, for I was put there to give not physical care, but mental. For days I almost forgot that I was on duty. We played tennis, swam and talked whenever my patient felt like it. And then, her neurosis would crop out with renewed strength.

The patient's predicament set me thinking. I began to read the books from the library at random, psychology, mental hygiene, psychoanalysis. At first my patient seemed to resent my interest, as if the contents of those books were entirely beyond me, and, to be sure, she was nearly right. I had no knowledge of the psychology of the unconscious as portrayed in the large volumes of Drs. Sigmund Freud, Alfred Adler, Wilhelm Stekel, Carl Jung, W. H. R. Rivers, Norton Prince, A. A. Brill, James S. Van Teslaar and Beatrice Hinkle, and at the time I did not realize that every neurotic guards the secret of his neurosis as a precious possession. Nevertheless, I read the books that she chose for me openly and the others on the sly, and, at last, when she realized that I was sincere, and that I could remember something of what I had read, her attitude changed. She became my teacher, and together we tried to reason things out. There was no other way.

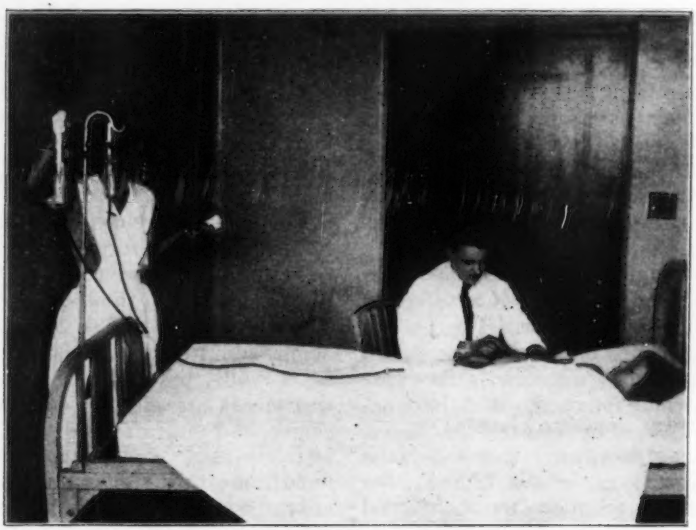
We tried to test the validity of the conclusions arrived at by the writers, using the total of the experiences that had entered into the making of our personalities and others. We tried to analyze the events of the past in order to understand what had made us as we were. We tried psychologically to interpret the reactions of our fellow men to certain situations, learning types of minds, such as extroverts and introverts; and inasmuch as certain actions come bobbing to the surface from one's unconscious mental life, dreams also became of vital importance as a medium that spilled over valuable material. Thus, the day came when the patient discussed with me some phases of the work done at the psychiatrist's office, and took me into her confidence. Since then I have considered nursing in preventive mental therapy a privilege, as well as a liberal education.

Psychotherapy for thousands of years has been an affair of priests and educators. And today psychiatrists acknowledge that they have much help of value to expect from keen-sighted educators and trained mental workers. With an oversupply of private duty nurses in the United States and half of the annually sick population suffering from some form of mental illness which is 60 per cent curable in the early stages, something ought to be done to meet the need of the most influential neurologists, psychiatrists and pediatricians who are seeking in vain for helpful, intelligent co-workers, in the form of sensitive, cultured, preferably college-trained nurses. Then, too, in this age of specialization, the nurse undoubtedly will find her economic and intellectual salvation by endeavoring to become an expert in one field. Mental nursing offers educational, financial and social recompense.

Giving Ox-o-ate for Arthritis

Method Used at Ohio State University Hospital, Columbus

EMILY M. STOCKFORD, R.N.



METHOD OF GIVING OX-O-ATE

Articles Required

2 200 cc. gravity tubes.
2 Pieces rubber tubing 27 inches long.
1 Glass "Y" connection.
1 Extra large thermo thermometer.
1 Piece rubber tubing 12 inches with adaptor.
3 Stopcocks.
1 1½ No. 20 needle in test tube.
1 Small piece rubber sheeting.
1 Tourniquet.
1 Pair gloves.
1 Emesis basin.
2 Surgical towels.
Cotton balls.
Iodine.
Alcohol.

THE 27-inch rubber tubing is attached to each gravity tube; the glass "Y" connects these two, and the 36-inch tubing joins the thermometer, which in turn connects the 12-inch tubing with adaptor. Each gravity tube is wrapped with a towel, the attached tubing being folded around so that it does not kink. The glove pack, needle, cotton balls, tourniquet, stopcocks, rubber sheeting and the 12-inch tubing with adaptor are added and done up in one pack and sterilized.

Method of Giving Treatment

EACH gravity tube contains 200 cc. Normal Saline Solution. One gm. Ox-o-ate (Ammonium-Ortho-Iodoxy-Benzoate) previously dissolved with small amount of Normal Saline is poured into tube No. 2; 100 cc. Saline from No. 1 is injected into the vein; the rubber tubing is clamped. All the content of No. 2 is then given, following it up with the balance of solution from No. 1.

This treatment should not be given too rapidly. Ten minutes is the minimum time given for the flow of the solution.

Treatments are given once each week until six have been given, then discontinued for six weeks, and repeated according to the need of the patient.

Nursing Care

THE patient is admitted to bed and made as comfortable as is possible. The treatment is given and sometimes the patient is discharged the same day. If the treatment is given late, or if the patient shows a reaction, she remains in the hospital over night.

The reaction to the Ox-o-ate treatment is similar to that of any foreign protein administration. The patient first complains of a burning sensation in the mucous membranes, and the eyes become inflamed. This is sometimes followed by headache, chilliness, nausea and vomiting. Rarely does the temperature rise above 100° F.; the pulse and respirations remain normal as a rule. In the course of fifty treatments we had one patient whose temperature went to 105°, pulse 162, respiration 26.

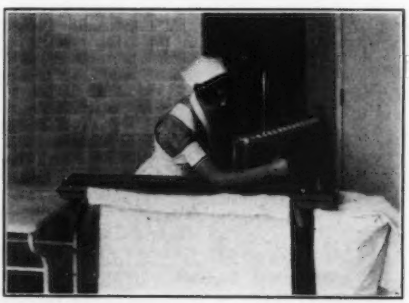
In this case the treatment was given at 1.30 p. m. At 2.15 a chill began; she was nauseated and vomited, then complained of headache and general malaise. T. P. R. at 4.00 p. m., 104^2, 148, 26; at 5.30, 105^2, 162, 26. Patient was given a sponge bath and kept absolutely quiet; at 8.00, T. P. R., 100^4, 126, 24; at 5.30 a. m., the following morning, T. P. R. normal.

The nursing care consists of making the patient as comfortable as possible, as many of these people are stiff and sore; and watch for the above reactions. We find that they are very reticent about admitting much improvement for a while, but after two or three treatments are glad to continue the course, and return for a second course of treatments. People who have suffered from arthritis for a number of years are receiving benefit from the Ox-o-ate, and in many cases showing marked results, with complete relief from pain.

Device for Cutting Gauze

MABEL E. BRASK, R.N.

EVEN though manufacturers now provide various sizes of gauze, small hospitals usually cut it with scissors, a process which is hard on the hands. Electric cutters, too, are usually not available. The device shown is simple and inexpensive and easy to operate. The requirements are two door hinges, one clasp and two boards 48 inches long, 6 inches wide and 1 inch thick. A slot ½-inch wide and 38 inches long is cut through the center of each board; the boards are fastened together at one end by the hinges, the other end having the clasp. The gauze, marked in required sizes with a soft pencil, is placed



between the boards, and the clasp fastened. A long sharp knife does the rest. One hundred yards of gauze may be cut at one time. It comes out even and ready to fold.

Nursing by Religious Orders in the United States

Part III—1871–1928

ANN DOYLE, R.N.

"Gather up the fragments that remain, that nothing be lost."—ST. JOHN, VI, 12.

THE professional development of the Sister nurse in the United States has come about in this period. This has been accomplished largely through the establishment of schools of nursing.

Schools of nursing in the United States may be said to be an outgrowth of the Civil War, as they were in England following the Crimean War.[1] "The experience of nurses in our late war," writes Eaton,

> has extended the interest in this subject in our country. Several training schools established in our cities have vindicated the wisdom of their founders.[2]

The rapid developments in medicine and surgery and the improvement in medical education in the United States made the better educated nurse inevitable. But the lack of education on the part of the average medical practitioner undoubtedly was responsible for the slow development of professional nursing in this country.

> . . . in 1865 medical teaching was a social disgrace . . . by 1870 there were more than fifty schools, but by present-day standards they were all wretched.[3]
>
> The would-be doctor in all parts of America seldom had more than a poor high school education before he began his studies. . . . The darkness that prevailed among medical graduates is indicated by the opinion of the head of the Harvard School in 1870, that written examinations were impossible since "a majority of the students cannot write well enough."[4]

The opening of Sisters' hospitals as training centers took place in 1889, when the Buffalo Hospital of the Sisters of Charity, Buffalo;[5] Mercy Hospital, Chicago;[6] and St. Mary's Hospital, Brooklyn,[7] established schools of nursing.

It will be recalled that prior to this date several great secular schools had been established, among which were the Bellevue School and the Connecticut Training School in 1873, and the Massachusetts General School later in that year. These schools, Bellevue being the first, were founded on the Nightingale plan.[8]

As early as 1799, the New York Hospital, through Dr. Valentine Seaman, started the first systematic and scientific course of training of nurses, which, up to that time, had been known. It consisted of a series of lectures, some of which were sub-

[1] Dr. Hurd, commenting upon the improvements which had been made in hospital construction during the "past thirty years," says that he believes these to be largely due to the experience of the Crimean War in Europe and the Civil War in America. "The first gave us training schools and trained nurses, and the latter improved hospital construction"—"Hospital Organization and Management," Address, February 17, 1897.

[2] U. S. Bureau of Education. Letter of Transmittal to Hon. Carl Shurz, Secretary of the Interior, relative to Training Schools for Nurses, 1879.

[3] Nevins, A., "The Emergence of Modern America," p. 267.

[4] *Ibid.*, p. 277.

[5] Sisters of Charity, Emmitsburg, Md.

[6] Sisters of Mercy.

[7] Sisters of Charity, Mt. St. Vincent, N. Y.

[8] That all control over the nursing staff as to selection, discipline, rotation in the hospital wards, and the standards of teaching, of ethics and morals should be placed in the hands of a matron or superintendent who must herself be a trained nurse, and responsible to the hospital and medical authorities for the faithful carrying out of medical orders and institutional regulations; the Training School Committee to choose the Superintendent of Nurses and be responsible for the general character of the school. Dock and Stewart, "Short History of Nursing" (1920), p. 154.

sequently printed, and a course of practical instruction on the wards.[9]

Two other important and historic schools which must be mentioned are the New England Hospital for Women and Children and Women's Hospital of Philadelphia, the former having been established in 1860 and the latter in 1861.[10]

The opening of Sisters' Schools of Nursing for lay women does not, however, mark the beginning of nurse training for Sisters. Some type of instruction and training has been the rule in certain Communities from their very beginning for the purpose of making their members more efficient and thus more valuable. As early as the days of St. Vincent de Paul, Sisters of Charity have received definite instructions relative to the care of the sick and the obligation of the nurse to carry out the doctor's instructions to the most minute detail.[11] But nursing education, as we know it today in America, was not begun for Sister nurses until after the founding of the Bellevue School.

As hospitals grew in size and prosperity, the attention of the superiors was directed toward perfecting the training of the Sisters. What Sister Mary Helena Finck has to say in this regard is fairly typical of most of the American orders:

> The gradually attained prosperity of the hospitals conducted by the Congregation was due to the thoroughness and industry of the Superiors who, directed by Reverend Mother Madeleine, looked beyond the physical development and improvement of the institutions. For Reverend Mother a nurse signified one who had received a systematic and theoretical course of training; consequently, it became necessary to add to the various hospitals, regularly organized training schools wherein future nurses could be instructed. As these schools increased in numbers and importance, provisions were made for the admission of young ladies who wished to follow the profession.[12]

Many of the these Sisters' training schools were organized and conducted by lay superintendents of nurses. Hurd cites this fact and offers it as a measure of the success and value of the training school idea:

> The time has passed when it can be seriously considered by any one whether or not the training school should exist. For the benefit of the hospital and the proper and efficient conduct of the work it may be assumed without any necessity for demonstration that a training school is a necessity. No stronger evidence can be given this fact than the movement which has sprung up within the past three years to supplement the hospital work of the religious orders by training school instruction. Even Catholic sisterhoods, whose members work from a sense of religious duty and a desire to accomplish charitable work, have, in many instances, employed superintendents of training schools[13] to instruct members of the

[9] Sheldon, E. W., Address, 50th Anniversary, New York Hospital Training School for Nurses, 1877–1927, p. 36.

[10] Dock and Stewart, *op. cit.*, p. 146.

[11] "The Daughters of Charity in their service to the sick in the hospitals must be scrupulously exact in following the physicians orders; administering the medicines and treatments in the manner, and at the precise time indicated, unless some unforeseen circumstances, like a turn for the worse, falling into a sweat, a chill, etc., would justify otherwise.

See, my Sisters, how conscientious you must be in doing everything the physician orders, because if anything untoward happens the patient through your negligence, you are responsible. Besides this strict obedience you owe the physicians, it is necessary, moreover, that you show them honor and respect. Obedience and respect, then, my Sisters,—obedience and respect; knowing full well that if you act against or beyond orders given you, it will be a great fault." Conference No. 11, November, 1659. Subject: Service of the Sick. Vol. X. "St. Vincent de Paul." Pierre Coste, p. 672–673.

[12] Finck, Sister M. Helena, "The Congregation of the Sisters of the Incarnate Word of San Antonio," p. 146.

[13] Several of the secular schools of nursing had already contributed graduate nurse members to several of the religious orders, Catholic as well as Protestant; for example, Miss Van Rensselaer, one of the first graduates of the Bellevue School, became Sister M. Dolores of the Sisters of Charity of New York.

OPERATING ROOM TECHNIC IN THE NINETIES

sisterhood in their duties and to train them for better nursing.[14]

When the Sisters of Mercy of Chicago decided to establish a training school they went about studying the best schools then in existence.[15]

They were anxious to acquire the best means of applying the theory to the practical work of the latest improved methods of caring for the sick, and also of conducting a training school for nurses. In order to secure the best they were advised to procure a thoroughly trained woman to take charge of the training school. They were very fortunate in finding one who built the school on a very firm foundation.[16]

It has been difficult to place a beginning date for many of the modern schools of nursing for Sisters (prior to admitting lay students), because in many instances they did not come into being at a specific date as did the secular schools, but were more in the nature of an evolvement. A few orders planned specifically for schools for Sisters only and organized them according to the existing standard; St. Mary's Infirmary in St. Louis, and The Bon Secours in Baltimore, are examples.

The curriculum content and teaching in these early schools, as in the early secular schools, was very simple,[17] and the lectures, for the most

[14] Hurd, H. M., *op. cit.*, p. 7.

[15] In 1861, when the Sisters of Mercy at Dublin, Ireland, were about to open their first hospital, the "Mater Misericordia," . . . several Sisters of Mercy were sent to Kaiserswerth to learn the methods taught there—(Community Archives, Chicago.)

[16] "Training School Methods and Organization under Religious Orders." Sisters of Mercy, Chicago, *American Journal of Nursing*, XIII, January, 1913, p. 260.

[17] The results of a questionnaire sent in 1881 by the Commissioner of Education to the then existing schools shows the theoretical instruction, as measured by the texts used, to be meagre; most of the schools having but one

part were given by medical men. It was customary for the members of the medical staffs and the internes to give practically all of the lectures including the nursing care of patients following delivery, preparation for patients for examination, operation, and the like; demonstrations of actual nursing practice and hospital housekeeping were given by the superintendent of nurses.[18]

Great stress, of course, was placed upon housekeeping and much time spent upon cleaning, dusting, and other non-nursing duties; but here, again, this was not peculiar to Sisters' schools. In a paper on "A Practical Method for Examining and Marking Pupils of the First, Second, and Third Years," read before the Eighth Annual Convention of the League of Nursing Education, the speaker said:

> In the nurse's education theoretical instruction does not hold the primary place. Practical ability and skill must always be of first importance, while theory is a means to an end, to make the nurse a more intelligent and acceptable worker and more perfect in her practice of nursing.[19]

And in the suggested questions on "Practical Nursing" to be given "By the Superintendent," the first is: "Describe the Correct Method of Dusting a Ward."[20]

Undoubtedly, though, many of the Sisters were influenced by their European backgrounds and carried over into their hospital work and teaching many customs which made it difficult for the lay nurse, even the Catholic lay nurse, to understand; and what appeared to be unprogressiveness was nothing more than European industry, frugality, and simplicity. That the Sisters have been progressive and efficient is evidenced on every hand.

> Those religious orders which have been founded during the nineteenth century have taken kindly to modern nursing methods. . . . The older religious orders which have not adopted the training school for nurses, have not neglected to study the new ideas in things pertaining to asepsis in surgery and nursing medical patients.[21]

Reference has already been made to St. Mary's Infirmary, St. Louis, Mo. This nursing school for Sisters only represents a very fine example of modern nurse education for Sisters.

The Infirmary was founded in 1878 by the Sisters of St. Mary of the Third Order of St. Francis. The School of Nursing was organized in 1907. "Our serious efforts," writes Mother Concordia, "began in 1909."[22]

The curriculum and teaching program has been planned to meet the needs of, first, the welfare of the patient and better coöperation with the visiting doctor and the interne; and, second, economy in the management of the hospital—the Sisters being prepared to assume the duties of that personnel which is so necessary to the

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or two texts. Boston City Hospital Training School had *six* (italics ours): Domville's Manual; Woolsey's Handbook for Hospital Visitors; Bellevue Manual; New Haven Handbook of Nursing; Williams and Fisher's Hints to Hospital Nurses; and Lee's Handbook for Hospital Sisters. Bellevue, while having two texts less, seemed to have a more balanced library: Bellevue Manual; New Haven Handbook of Nursing; Draper's Anatomy, Physiology and Hygiene; and Barthlow's Materia Medica.

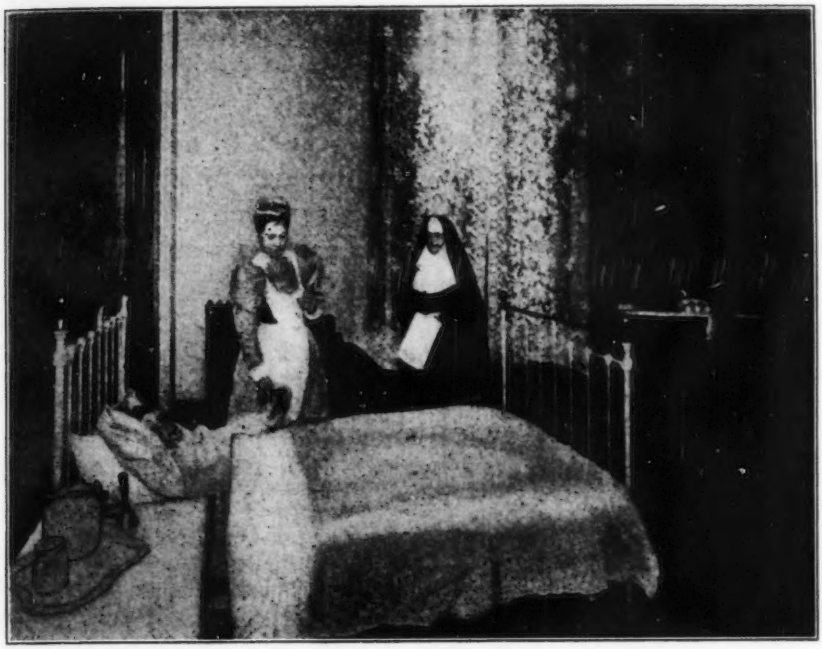
[18] This practice was in vogue in almost all of the schools. A printed schedule of lectures, on file in the New York Public Library, for junior, intermediate, and senior students of the Johns Hopkins School of Nurses, Baltimore, 1899–1900, shows this system to be the case for that school, one of the best in the country: Of the thirty-four lectures given to the senior students but six were given by a nurse; these were: "History of Hospitals," "Hospital Construction and Organization," "History of Nursing," "Nursing in Institutions," "District and Visiting Nursing," and "Private Nursing."

[19] Proceedings of the Eighth Annual Convention of the League of Nursing Education, Buffalo, September, 1901, p. 64.

[20] *Ibid.*, p. 68.

[21] Sisters of Mercy, Chicago, *op. cit.*, p. 262.

[22] Concordia, Sister Mary, "Our Catholic Sisters on Active Hospital Duty," *Hospital Progress*, I (1920), p. 321–336.



CORRELATION OF THEORY AND PRACTICE IN THE NINETIES

proper conduct of an up-to-date hospital but whose salaries are so high as to prohibit the community from employing them.

All of the Sisters are given the regular basic training—the three-year course. The educational entrance requirement is full four years' high school. The instructors are trained Sister nurses. Some of the lectures are given by certain members of the medical staff who hold teaching positions in St. Louis University. Every opportunity and situation is utilized to correlate theory and practice. As soon as the Sister student completes her work she takes the State Board examination.

After the Sisters have received their R.N. license, they are classified and assigned to further work and study according to individual capacities and fitness and in conformity with the special needs of the hospital. The advanced teaching program includes the following: teaching; pharmacy; clinical laboratory work, including histology, bacteriology, serology, chemistry, examinations of blood, and of excretions and secretions; X-ray, general and micro-photography; music; dietetics; statistics; operating room technic; hospital executive duties; culinary duties, large quantity buying and cooking; laundry, including sterilization; housekeeping, including personnel management.

The Sisters are sent to universities and to special schools to do such of the postgraduate work as cannot be had in the institutions of the Community. The Community feels that the training of the Sister nurse should be thorough because the Sister is a nurse for life;

that if well trained she becomes an efficient factor in the management of a hospital. Further, that the well-trained, efficient Sister nurse is able to relieve the attending physician of much detail so that he can devote his time and thought to such work as only a physician or a surgeon is permitted to do; that she is a great aid in building a scientific environment for the interne; and most of all that she is capable of giving scientific nursing care to the sick.[23]

There are, as far as this writer has been able to discover, eight schools of nursing for Sisters only in the United States; they are: Bon Secours, Baltimore, organized in 1921; St. Francis', Maryville, Mo. (1912); St. Mary's, just described; St. Elizabeth's, Lafayette, Ind. (1900); St. Margaret's, Springvalley, Ill. (1918); St. Anthony's, St. Louis, Mo. (1900); St. Mary's, Cincinnati, Ohio; and St. Joseph's, Eureka, Calif. All of these schools but one are accredited.[24]

Since 1889, Sisters have organized 425 schools of nursing, of which 370 are accredited. In the total schools, in 1927, there were 19,031 students, of which 868 were religious. In addition to the 425 hospitals having schools the Sisters have under their care and management 187 hospitals without schools.[25] Frequently all Sister nurses of a particular order are trained in one school and sent as graduate nurses to other hospitals operated by the order; for example, the Hospital Sisters of St. Francis are all trained at St. John's School of Nursing Education, St. John's Hospital, Springfield, Ill. This school has an affiliation with the De Paul University of Chicago.

It is manifestly impossible to make even the briefest mention of these schools individually. They range in educational value from the very poor to those whose work is planned to be of college grade, among which are St. Mary's, Rochester, Minn.; Mercy Hospital, Chicago; St. John's, Springfield, Ill.; St. Bernard's, Chicago.

Frequently these schools have been the first in a state, as was St. Vincent's, Little Rock, Ark. This hospital was the first in the state to have a social service department directed by a trained medical social worker.

All of the schools are non-sectarian; and practically all are owned by the several orders operating them. At least two orders have a full-time inspector who goes around on regular tours of inspection; the Sisters of Providence, with Sister John Gabriel as Supervisor, and the Daughters of St. Vincent de Paul, who have Sister Placida. Both of these orders conduct institutes at regular intervals for their graduate Sister nurse members.

Nursing schools conducted by Sisters are under constant scrutiny and, where deserving of it, have been severely criticized by Sister nurse educators. Sister Immaculata, a member of the Board of Nurse Examiners of the State of New York, writing in *Hospital Progress*, outlines some of the weak points in the nursing service of Catholic hospitals particularly as to the educational preparedness of Sister supervisors and educators, she says:

> Supervision implies teaching, and unless the Sister supervisor has a thorough professional knowledge of what she proposes to teach, it will be utterly impossible for her to fulfill the obligations of her position. . . . When we undertake to meet our obligations in this respect [training school], it is absolutely essential that we comply with the requirements

[23] Concordia, Sister Mary, "Our Catholic Sisters on Active Hospital Duty," *Hospital Progress*, 1 (1920), p. 336.

[24] See List of Schools accredited by the State Boards of Nurse Examiners, January 1, 1928.

[25] Catholic Year Book (1928), p. 507.

outlined by the educational department of the state in which the school is located.

Sister further points out, that the Sisters must be alive to change and willing to meet the demands of modern standards:

> Much time is wasted deploring the difference between the nursing Sisters of long ago and those of today. . . . I feel it would be a gross injustice to depreciate, or undervalue in any way, the nursing work done by Sisters twenty-five years ago. By their self-sacrifice and labors they paved the way for newer and better developments which the nurse today is privileged to enjoy. But it is a most serious mistake for pioneer Sisters or nurses to block the way of advancement and progress in any school, by refusing to adopt methods of performing the work as it is taught in the classroom at the present time. The evil consequences of adhering to by-gone principles and methods in nursing care are far-reaching and positively harmful to the best interests of any institution.[26]

Another kindly critic has been Sister Helen Jarrell. Sister cites the obligation which the hospital is under to provide nurse education of a professional quality:

> Those acquainted with hospital administration do not feel that hospital authorities would consciously lend themselves to an established policy of injustice, but feel rather that they are not as yet fully informed of the complicated nature of the educational problem in which they are most concerned.[27]

Sister makes the point that the education of the nurse must come first in a nursing school; that there must be positive correlation of theory and practice; and that competent supervision is necessary:

> The care of the sick and the education of the nurse are two separate and distinct functions. In certain ways and up to a certain point, these two functions can be advantageously combined, but the agreement as to those ways and as to when that point has been reached must be made by the two parties concerned and not by one alone as in the past.[28]

The effect of the mixed school upon the Sister nurse has been most salutary; it has brought the Sister into contact with professional problems and advances in a way that could not otherwise have been. The Sisters have become nurses in the modern sense of the term.

As nurses, Sisters early took an interest in professional matters, and while they did not appear at public meetings they did write papers for conventions; thus in July, 1904, Sister Mary Ignatius Feeny prepared a paper on "Central Registries." (This paper was read by a lay nurse.)[29] And again in 1906, and for the same group, this Sister prepared a paper on the very secular topic, "How May a Nurse Charge Below her Price Without Lowering Her Standards?" (This paper also was read by a lay nurse.)[30]

In 1913, the Sisters of Mercy of Chicago prepared a paper on "Training School Methods and Organization under Religious Orders," for the International Council of Nurses' Meeting at Cologne. This article was published in the *Journal*.[31]

Since 1918, Sisters have been frequent contributors to the *Journal*, and have read papers at many of the local and state meetings.[32]

Sisters have likewise contributed to the more permanent nursing literature. As early as 1899, the Sisters

[26] Sister Immaculata, "Weak Points in the Nursing Service of Catholic Hospitals," *Hospital Progress*, February (1925), pp. 54–56.

[27] Jarrell, Sister Helen, "Casting the Nursing Curriculum into the Educational Mold," *Hospital Progress*, October, 1927, p. 397.

[28] *Ibid.*, p. 298.

[29] Proceedings of the Seventh Annual Convention of the League of Nursing Education, Philadelphia, July, 1904 (in *American Journal of Nursing*, Vol. 4, p. 796).

[30] *Ibid.*, Ninth Annual Convention, Detroit, July, 1906 (in *American Journal of Nursing*, Vol. 6, p. 766).

[31] The Sisters of Mercy of Chicago, *op. cit.*

[32] See particularly volumes 21, 24, 26, 27, 28 of the *American Journal of Nursing*.

at St. John's Hospital compiled a manual, "The Nursing Sister, A Manual for Candidates and Novices of Hospital Communities."—Springfield, Ill., H. W. Rokker, 1899. This book of 252 pages of questions and answers covered the entire nursing field of that day. The Sisters of Charity at Emmitsburg, Md., have published several books, among which are: "Notes and Methods of Practical Nursing"; "Notes, Definitions and Extracts, Anatomy and Physiology"; "Fundamentals of Dietetics"; "Ethics"; and a "History of Nursing and Sociology."

The Sisters of Charity of Providence through Sister John Gabriel have published "Principles of Teaching in Schools of Nursing," Macmillan Co., 1928, and have in preparation another, "Study Made Easy for the Student Nurse." The Sisters of St. Francis of Our Lady of Lourdes have, through Sister Domitilla, published "Outlines for the Teaching of Chemistry."

The interest of the Sisters in nursing education and in the advancement of the profession may be measured by their interest in and support of the local, state, and national organizations.[33] Of the twenty-one State Associations which answered a query sent them by the *Journal*, sixteen report that all orders of Sister nurses in their respective states have representation in the State Association. Usually only one or two Sisters of any one order belong; these are, as a rule, the superintendent of the hospital and the director of the school of nursing. Two states reported all orders but one represented; Delaware and Mississippi have no Sisters as members; the New York State Association does not differentiate its Sister and lay members, nor does Michigan. Ohio reported that all Sisters excepting those conducting unaccredited schools are represented in the State Association.

Seven State Associations, namely: Arkansas, Indiana, Minnesota, New Mexico, North Dakota, Ohio, South Dakota, Texas and Washington have Sisters serving as members of their executive boards, directors in their district groups, or as members of an important committee.

Four states: Indiana, Iowa, Kentucky and Oregon, have Sisters as officers in their State Leagues of Nursing Education. In some states Sisters have been the leaders in League work, as, for example, New Mexico and North Dakota.

In 1914 there was but one Sister a member of the National League, Sister Mary Gonzaga Prendergast, Mercy Hospital, Hamilton. In 1928, twenty-five states: California, Colorado, Connecticut, District of Columbia, Illinois, Indiana, Iowa, Kansas, Kentucky, Louisiana, Maryland, Massachusetts, Michigan, Minnesota, Missouri, Nebraska, New Jersey, New York, Ohio, Oklahoma, Oregon, Pennsylvania, Texas, Washington, and Wisconsin, have Sisters who are members of the National League of Nursing Education.

Sisters have been members of important committees of the National League since 1920. In 1928, the following committees had a Sister a member of them: Education; To Study Type of Magazine Required; Hospitality for Foreign Visitors. The Committee on Ethical Standards has a Sister member representing the A. N. A.

Sister Mary Eileen, St. John's Hospital, Cleveland, Ohio, is the only

[33] It must be borne in mind that some of the orders are semi-cloistered, and as such their members are not permitted to appear in public assembly. Also, that many of the older and more conservative nuns shrink from appearing in public.

Sister member of the National Organization for Public Health Nursing. But several are subscribers to the *Public Health Nurse*.

The committee which is studying the Grading of Nursing Schools has Sister Domitilla as one of its seven members at large.

Sister was the first nurse registered in the state of Alabama.[34]

Other states report similar coöperation; for example, the Secretary from Utah, "The Sisters of the Holy Cross have been back of all laws governing nursing in Utah"; in Ohio, the Sisters secured many signatures to a petition

AN EARLY CLASS FROM MERCY HOSPITAL, CHICAGO

With respect to securing legislation for the protection of nursing, Sisters have not been as active as lay nurses. But in individual states, Sisters have been of very great assistance. The Secretary of the Alabama Board writes:

> Sister Chrysostom was in charge of St. Vincent's Hospital when we established registration, and was of great assistance in formulating the bill and always stood back of us in every way. She is much beloved.

endorsing the Nurse Registration Act; and in Kentucky, Sisters Boniface and Basil have been most active and helpful. In West Virginia, Mother Adelaide has been and is a member of the Legislative Committee of the State Association. Some Sisters, on the other hand, take no interest whatsoever in promoting or upholding nursing standards.

[34] Questionnaire sent by the *Journal* to State Boards of Nurse Examiners, January, 1929.

The new field of research in nursing has interested and attracted Sisters and already reports are being received of results.[35]

The group of nurses who have been honored by universities for distinguished work in their particular fields with honorary degrees includes a Sister nurse educator. In 1926 Loyola University conferred upon Sister Veronica Ryan the degree of Doctor of Laws, the first nun in the United States to be so honored.

Truly "the history of the religious orders in the United States is one of ready adaptation to modern medical and social conditions." [36]

The pictures illustrating this article are from "The Story of a Great Western Hospital," by P. G. Smith, *The Catholic World*, V. 45, September, 1897.

[35] Sister Domitilla, "An Experiment in the Method of Teaching Solutions," *The Nursing Education Bulletin*, Vol. I, January, 1928, p. 21.

[36] Dock, L. L. and Nutting, A. "A History of Nursing," V. III, p. 187.

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State	First Date When Sister Served on Board	Sisters on Board at Present Time	Sisters Serving as Training School Inspectors
Arkansas	Date not given	One	
Arizona	1921	One	
Idaho	1923		
Iowa	1907†		
Kentucky	1926	One	
Maryland	1925	One	One ‡
Michigan	1928	One	
Minnesota		One	One
Montana		One	
Nebraska	1927	One	
North Dakota	1915	One	One
New Mexico	1923	One	
New York	1920	One	
Texas	Date not known	One	
Wisconsin	1928	One	

* These data collected by the *Journal* through a special questionnaire.
† First examining board in the State. ‡ As member of the board only.

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How Long Do People Stay in the Hospital?

PRACTICALLY 62 per cent of all surgical cases remained in the hospital less than 11 days while only about 43 per cent of the medical cases stayed less than 11 days. Most of the obstetrical cases come within the 11–19 day period, while the highest percentage of cases requiring more than 20 days is to be found in medical cases where nearly 42 per cent of them require more than 20 days as compared with 17 per cent of surgical cases and 3 per cent obstetrical cases. We may reasonably conclude that there are two factors involved in one's ability to obtain hospital care; the extent to which one is able or does plan ahead for meeting the cost of that care and the length of time for which care is needed. On the average, people plan ahead more frequently for obstetrical and surgical care than for medical care and surgical cases require the least length of time for hospital care and medical cases the greatest length of time.—*Weekly Health Review*, Detroit Department of Health, week ending August 3, 1929.

The International Committee on Mental Nursing and Hygiene

KARIN NEUMAN-RAHN, R.N.

AN important milestone in the history of Mental Nursing was passed at the Congress of the International Council of Nurses in Montreal. The Standing Committee, which had been formed only a few months before and which is one of the four major committees of the International, met for the first time. The program of the committee for the next four years, briefly stated, is:

1. To secure the compulsory inclusion of mental nursing and hygiene in the curricula of all schools for nurses.
2. To encourage the various countries to arrange for postgraduate courses in mental nursing and hygiene and to secure the inclusion of this subject in postgraduate courses for public health nursing.
3. To get courses for administrators and teachers in this field arranged at universities or elsewhere.
4. To get all affiliated and associated members of the International Council of Nurses to appoint representatives or corresponding members of the committee.
5. To try to get the national organizations to form national committees on mental nursing and hygiene.
6. To get the chairmen of these committees made official members of the national committees on nursing education.
7. To maintain contact between the national committees by sending out circular letters which can be discussed, criticized, and thus help to develop new ideas and bring about new suggestions, these to be returned to the chairman and then to be studied, assimilated, restated, and returned to the members of the committee.

We cannot hope to have any far-reaching improvement in mental nursing and mental hygiene within or without the hospitals until we have prepared large numbers of specialists, nurses who have added to their knowledge of general nursing the specialized knowledge of mental hygiene and mental nursing which is essential. Furthermore, never shall we be able to give the highest type of nursing until nurses generally have a full understanding of the whole personality, the normal as well as of the abnormal physical and mental states.

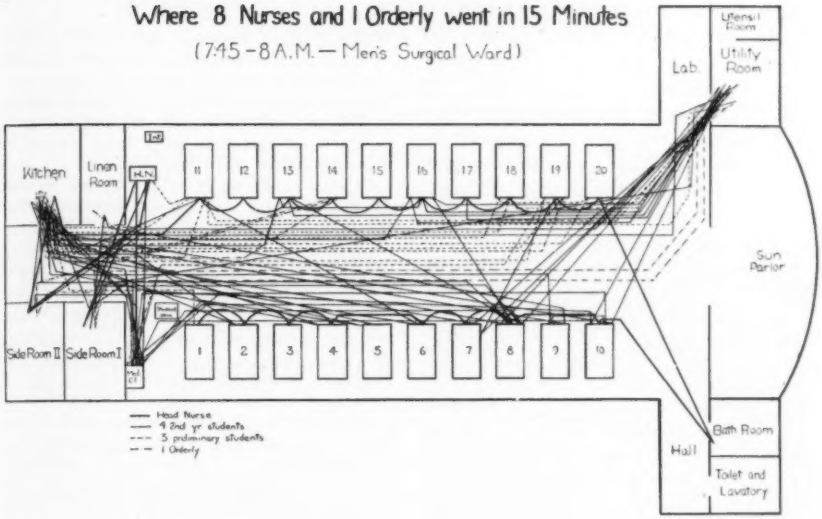
After four years of intensive and arduous work we shall, I hope, at the next Congress see some fruits of our efforts and be able to judge whether such a basis is really a sound one. The committee has accepted a great responsibility, but I hope and believe that the nurses of the whole world will understand the great need of altering conditions in this field of nursing, of securing a new viewpoint in general nursing, and thus in the care of all mankind, and secure their help in this difficult work.

Significance of the Accrediting Program

IT is recognized that a degree of standardization or common practice is essential in any important activity. This is especially true when such standardization tends to *raise* the general level of practice.

The value of the accrediting program to the school depends largely upon the school itself. The careful study necessary in preparing the general report has a real value to the school. A principal can hardly prepare such a report without gaining a knowledge of his school that he would rarely, if ever, take the time for in his ordinary routine of school administration. —From Report of the Commission on Secondary Schools of the Association of Colleges and Secondary Schools of the Middle States and Maryland, by Professor E. D. Grizzell, University of Pennsylvania, Chairman. Proceedings of the Forty-first Annual Convention of the Association of C. and S. C. of the Middle States and Maryland, 1927.

Study Your Troubles!



IF you were the superintendent of nurses, and your hospital were so old and so badly planned that the patients couldn't be properly cared for; or if your students had so much work to finish in a given time that they couldn't possibly do it all, thoroughly, what would you do about it? Would you endure it, in the hope that the trustees might sometime miraculously see the light? Or would you talk about it, in the hope that someone would take your word for it? Or would you collect your evidence and prove your case?

It is not necessary to be a highbrow statistician in order to collect facts. The diagram at the head of this article is based upon a study made at the request of the Grading Committee by a group of nurses in their own hospital. They worked in relays, two nurses at a time. With notebooks, pencils, and watches, each taking one half of the ward, they wrote down everything that everybody did, and exactly how long it took. For two days, every activity on the ward was recorded, in terms of split minutes, in the nurses' notebooks. The diagram was drawn by following, step by step, the story for one fifteen-minute period during the second morning.

With a little practice other nurses could make similar pictures or traffic charts for wards in their own hospitals. It calls for swift and exact recording; and it would probably be wise to limit the study period to, say, two hours at a time, and to double the number of observers; for things move fast during morning care, and it is hard to keep track of them all.

Perhaps this particular type of diagram is not what you need, but it may suggest some other situation where a few hours of accurately writing down exactly what happens, and then making a picture of the record, might prove more convincing to a board of trustees or a hospital superintendent than many hours of talk.

This particular study was made because the Grading Committee needed it, and because the school wanted to know what its students were really doing, as part of a general study of costs. A new building program had been adopted before the traffic chart was made; and the walls of the new hospital are already rising. Nevertheless, the results of the study awakened keenest interest. Said the superintendent of the hospital, when he saw it, "Thank heaven our new utility rooms will be in the middle!"

What is grading going to mean to nurses? A few new facts, probably; many old facts collected and made clearer; freshly awakened interest and support for nursing programs; and more active and analytical thinking on the part of nurses, themselves; all of these may be hoped for from the Grading Committee's work. Fully as important as any of these may possibly be one other contribution: the popularization of certain *simple technics by which nurses may study their own problems.*

It is probably true that advances in nursing and nursing education will come not primarily through outside help, but through the increasingly scientific approach of nurses towards their own jobs. What thoughtful superintendent of nurses, having participated in this summer's grading study, could fail to find in the printed forms over which she spent so many hours some suggestion for studies which she herself might want to make in her own institution? Many of the grading studies and much of the grading technic could rather readily be taken over by nurses, as methods for use in their own jobs. When that time comes, there will be no more need for a Grading Committee. The nurses will be professionally self-supporting.

A Study of 718 Lepers in the United States

THE United States Public Health Service has recently issued an interesting summary of a statistical study of lepers who have been hospitalized over a period of 34 years in the Louisiana Leper Home, now the Leprosarium. Of the 718 lepers who have been treated in this institution, 215 were foreign born, and 503 were natives of the United States. Mexico, China, Italy, Greece, and the Philippine Islands have furnished one-half of the total foreign born. The present population of the hospital is 304. Most of the lepers came from Louisiana, California, New York, Texas and Florida. Four hundred and eighteen came from Louisiana. The incidence of leprosy among the white population of Louisiana is computed to be twice that in the negro.

Of the total cases 11 per cent were of the nerve type, 39.1 of the skin type and 49.9 of the mixed type; 72.3 per cent were males and 27.7 were females. The social stutus of the patients represents a cross section of the normal populace.

In a group of 100 Louisiana lepers hospitalized more than 15 years ago, it has been disclosed from subsequent records that in 64 instances only one leper in the family developed the disease, while in the 36 other instances leprosy occurred in 83 additional relatives. In five cases the incubation period is calculated as not less than six years.

The first manifestation of leprosy was recalled by most patients as one of more spots appearing on the face; in no instance were conditions described that might be identified as the initial lesion of leprosy.

The duration of leprosy is computed as approximately fourteen years. It appears that leprosy greatly shortens the life expectancy of the young, but has less effect on the life expectancy of the aged. The mortality rate has gradually decreased in the National Leprosarium since its organization. Leprosy itself has been the cause of death in less than 20 per cent of the lepers; lung, kidney and heart disorders indirectly dependent on leprosy have caused more than one-half of the deaths.

Relapse, formerly common among discharged cases, is now rare because of the bacteriological tests made of the blood, skin and other tissues. Of 43 patients discharged from the National Leprosarium by the United States Public Health Service, treatment completed, only one has relapsed.—*Health News*, United States Public Health Service, June, 1929.

Eminent Teachers

Nellie Gates Brown, R.N., B.S.

ETHEL P. CLARKE, R.N.

THE strong steadfast quality of our New England folk is proverbial and Nellie Gates Brown has richly inherited these characteristics of her ancestors. She was born in Connecticut and educated in the public schools of that state. Her mother died while she was a child, and as the oldest daughter she carried responsibility at an early age.

Her determination to be a nurse led her to the Hartford Hospital Training School, where she came under the fine influence and high standards of Miss Lauder Sutherland. After a few months private duty she was a head nurse for more than four years in the Ear Operating Room of the New York Eye and Ear Infirmary and on one of the wards of Peter Bent Brigham Hospital, Boston, a fine preparation for future work.

Her interest in patients was always great, but even greater was her desire to teach nursing students all that might be learned from their contacts with them. As a consequence she went to Teachers College, Columbia University, to prepare herself as a teacher. Here she began her work towards a B.S. degree, which was later completed through the Extension Division of Indiana University and two summer courses. In 1915 she came to the faculty of Indiana University as Instructor in the School for Nurses, shortly after it was organized, becoming Assistant Director of the School in 1925. In the early years the work was hampered by lack of teaching space and sufficient equipment. This did not daunt her; she had set for herself certain standards and somehow or other they were met. Her insistence on sound scientific principles, her broad knowledge of nursing enabled her to successfully carry out a difficult program. Always a student herself she brought to the work a vision

NELLIE GATES BROWN

and enthusiasm that were contagious. As the hospital units multiplied, the student body grew, and other instructors joined the faculty, thus her influence broadened and she had greater opportunity to study some of the newer phases of nursing education. Careful thoroughness shows in all her work and she demands the same quality of her students; they are stimulated to search for the fundamentals in any problem, and she has the ability to bring problems within the range of their knowledge and experience.

On the wards, at the bedside of the patient, helping students to meet a particularly difficult nursing situation she is in her element and after her visit head nurse and students feel that they have really learned something of worth.

She is genuinely interested in people, whoever they may be and her students are conscious of her human quality and have a sense of security in her judgment. She likes sound discipline though she can associate it with a fine comradeship, and they know they can rely on her ready wit and humor to carry them over many a situation that might otherwise be difficult. Her love of people, books, music and good talk enriches her background for them and they appreciate the personality that will rid itself of strain or fatigue by a few hours' work among her flowers garbed in "garden clothes."

Miss Brown has always maintained a sound interest in nursing organizations, and has contributed of her time and effort. She was a member of the Board of Examination and Registration of Nurses in Indiana for several years, she has a sincere interest in all Schools of Nursing that are making a real effort to meet the complex demands of today.

Ethical Problem on Methods of Training

As answered by a nurse taking a State Board Examination

I CONSIDER the greatest weakness of schools of nursing today the failure to inculcate the right attitude of nurses towards men patients, so that their conduct often calls for very harsh criticism in private duty.

I believe the public would coöperate in a plan for 12-hour special duty for men patients who were not helpless. I have heard nurses widely criticised for the present system in the hospitals. The following incidents will illustrate in a small way what I mean:

1. A young nurse was called to nurse a man patient in a hotel. She went. He had no wife, mother or sister. The following day his temperature was normal, and stayed normal. The nurse stayed several days. When asked if she thought best to stay, she said: "He says he is lonesome, and I would as soon nurse a man for being lonesome as anything else, just so he pays me." (She wasn't of the flapper type—very quiet.) The resident doctor of the hotel criticised her for staying. He could have been taken to a hospital.

2. A graduate nurse was called to nurse a patient with acute alcoholism, in a hospital. She went, on 24-hour duty. He got better and went home on the train; said he would be back in a few days for further treatment, and engaged that nurse. She would again have her cot in the room with him while he was perfectly able to be up.

3. A nurse was called to care for a patient sick with influenza, the type with normal temperature, and the patient not confined to his bed. She was asked to remain and massage him after he was able to drive his own car. She did so, and rode out with him.

Is there not some system by which training schools could impress the fact that sick men who are helpless need different care from those who are not? In private nursing it is surprising to see the appreciative coöperation and the approval of the families in helping a nurse to arrange these matters more in keeping with the regular moral code. Leaving out the question of a *helpless* man, should a nurse take any more liberties, sleeping in a room with a man than any other woman would? Do the names "patient" and "nurse" give a license to all these things? Personally, I find that doctors, and also the families, are very glad to help, and think more of the nurse who gives up the case when the patient does not need her professional services.

Editorials

Our Guests

"HOW well you know each other!" It was rather wistfully said by the one lay guest at a dinner where a score of nurses from half that number of countries were gathered. What she was observing, of course, was the marvellous oneness of nurses for, no matter from whence they come, nurses have a glorious and deep-rooted interest which they share.

No one knows exactly how many of the overseas nurses visited this country before or after the Congress. Each of the eastern and some of the more western cities had its quota. Enthusiastic accounts are heard of a fruitful week in New Haven. Boston, Providence, Philadelphia, Baltimore, Washington and Buffalo each had its share of alert and enthusiastic visitors. The office of the U. S. Hospitality Committee at Montreal was a busy place throughout the Congress; indeed five devoted nurses worked one whole night through completing plans and itineraries for those from other lands, who, somewhat hesitantly, were planning to visit us. Duplicates of these plans were sent to members of the committee in the cities to be visited and the guests were thus assured of a warm welcome, of productive local planning and of conservation of precious time. In New York, the very thought of which seemed bewildering and overwhelming to some of those who confessed that they believed that "elevateds" were several stories in the air and that the skyscrapers almost wholly obscured the sky, they were fortunate in finding a particularly active hospitality committee awaiting them, under the leadership of Florence M. Johnson. At least 125 nurses from twenty countries were entertained for varying periods. They were met at boats, trains and busses. They were routed here, there and yonder through the city, for the local League of Nursing Education had prepared and printed a careful statement of points of professional interest for their use. They were so thoroughly entertained at clubs, homes and hospitals in the several cities that a Dutch nurse wrote home "in America there are no hotels and one does not pay for dinner!"

We gain enormously by such efforts. It is important that the nurses of other lands should understand us, for the American Nurses' Association comprises more than half the membership of the International Council of Nurses. If they are under misapprehension about such things as skyscrapers it easily may be true that they are misinformed on matters fundamental to nursing and to international professional accord and about our standards in teaching and in nursing care.

It is important that we should understand the nurses of other countries. The privilege of having their representatives visit our national headquarters and of spending a subsequent quiet hour with them was almost priceless. In one precious hour, Miss Musson, Secretary of Britain's Board of Registration, cleared up many of our misapprehensions. Miss Cox-

Davies, President of the College of Nursing, Ltd., and others impressed us with the extraordinary freedom and independence the British Matron or Superintendent of Nurses enjoys in relation to all that pertains to the care of the patient. It is clear that a very high standard for nursing care can be developed when the nursing service is in complete control of the ward situation.

We cannot possibly enumerate all that was gained for American nursing by these happy contacts. Guest after guest, from country after country, added to our store of knowledge. As the ships sailed away carrying those who had been our guests and whom we now call friends we called ourselves blessed—blest by the profession we had chosen and by the friendships it creates.

Programs

BUILDING the program for a professional convention, large or small, is an arduous task. It involves wide knowledge of professional development and of "next steps." It is fraught with some discouragements before the final triumph because desired speakers are often unavailable. We believe the general level of professional programs is rising but there is one startling fact which should not be overlooked. It was well expressed at Montreal by Miss Gunn, Chairman of the Program Committee which, on the last day, evaluated its completed task, in part, as follows: "It seems to this Committee an extremely significant fact, that out of thirty meetings at this Congress, only one was devoted to the actual practical nursing care of the patient. For one hour and a half, out of approximately seventy-five hours of meetings, the delegates studied new devices and adaptations in the bedside care of the sick."

Many individual nurses are making splendid reputations as administrators and teachers but the reputation of the nursing profession is dependent on the quality of the care given to patients actual or potential. Any thoughtful observer knows that any time anywhere a program committee announces a demonstration of nursing procedure a packed audience made up of alert, interested and questioning nurses is assured.

Demonstrations should be well reasoned and well executed. The procedures to be demonstrated should be chosen with care and because they indicate advances in the care of patients.

Manual skill is not the whole of nursing. That lovely but subtly intangible thing we call spirit and an informed intelligence are equally important. But the ability *to do* is as important to most nurses as it is to the surgeon. The unskilful surgeon is not often rewarded by a great practice. By the same standard the unskilful nurse is judged. Would the standard of nursing care be higher if we gave procedures more space on our programs? We think it would. Nothing else will attract nurses like demonstrations of procedure. Therefore, it is certain that demonstrations are not omitted because of unpopularity. It is true that it is difficult to transport needed equipment but when did difficulties ever deter nurses who were really eager to accomplish an end? It is hard to find nurses who are both expert and willing to demonstrate. That, too, need not deter us. If the proper emphasis is put on the need for the drama of demonstration at our local and state meetings, we shall find the people to do the work.

Let us not forget that the business of nurses is nursing. Nursing has many aspects, but the ability to nurse the sick patient with all the arts of the

trained hand is fundamental to those complex and even more difficult arts involving the ability to persuade and to teach.

One of the many lessons of the great Congress seems to focus specifically upon this need for more opportunities for the demonstration of new or modified technics.

Another section of Miss Gunn's report urged the development of many more of those programs which are loosely designated "round-tables." Of course, round-tables or conferences are fruitless unless they are very carefully organized by leaders with the ability to call out worthwhile discussion and to secure a final formulation of opinions in a summary or resolution.

The time is ripe for an analysis of our programs and a final evaluation by program committees of their own achievements should prove exceedingly valuable. This, we believe, will lead rather generally to a new type of program with many more participants. It will be interesting to see in which part of the country a new, dynamic, dramatic type of program will be evolved with emphasis not only on the goals to be reached but on the specific problems that must be met and solved on the way to them.

The Minds of Our Patients

"IN and out, like a scarlet thread in the pattern of our program ran mental hygiene." So read Miss Gunn's analytical report on the program at Montreal. That is as it should be. Mental hygiene should be a fundamental factor in the care of all patients, while mental nursing is a field in which we have barely scratched the surface of the need or of the opportunity for study. It is significant that some of the most alert and eminent nurses from other countries at the Montreal Congress were mental hygienists. Some of our own specialists were also there but our total of well prepared mental nurses is negligible compared to our many thousands of registered nurses. The plea of "Mental Nursing—A Privilege" is one not to be neglected in this country which, fortunate though it is in so many ways, has a mounting toll of preventable and of curable mental illness. It is not right that so many mental patients are inadequately nursed; it is not right that many patients ostensibly only physically ill should be without the understanding care which could be provided by a broader training for all our nurses.

The pictures of the student nurses' lovely house at Bloomingdale on pages 1045–1048 are a reminder of one of the very important efforts being made in the right direction in this country. Bloomingdale, Butler, Phipps Clinic—these are among the progressive places in the East where the teaching of nurses is taken seriously and where a definite effort is being made to supply that minimum of psychiatric training that is deemed so essential to the well rounded preparation of the nurse. Many other places, some of the state hospitals particularly, are struggling out from under the inhibiting weight of the tradition of custodial case. A notable example of a unique sort is the School of Psychiatric Nursing at the Chicago State Hospital. The University schools have taken the cry of the mental patient so seriously that their courses are being definitely influenced. In this group the Yale school is demonstrating an extraordinarily fine example of coördination of teaching activities in two widely separated institutions.

Point by point the dark horizon of mental nursing lightens. Mrs. Neuman-Rahn in the synopsis of the work of the International Committee brings

no new message, but she gives new emphasis to the solving of a problem long known to Miss Goodrich and other far-seeing folk.

$40,000 to California Students

THE will of John Hedberg, an aged recluse, provides a gift of $40,000 to the students in the school of the California Hospital, in grateful remembrance of kindly care when he was a patient in 1925.

The gift is designated as a perpetual endowment to be administered by a Los Angeles Trust Company. The prospect of having $2,500 to spend annually comes, fortunately, to a well-organized student body, for a successful Student Government Association has been in operation since 1924. Through this Association and with the friendly guidance of Ruth Swalestuen, Superintendent of Nurses, and G. W. Olson, Superintendent of the Hospital, the funds will be wisely expended. Amid much joyous foolery about free "sodas" and "movies," serious plans for scholarships and for the development of physical-recreational activities go forward apace. Congratulations to the school whose students so endeared themselves to a lonely patient; may the next gift provide an endowment for the school itself!

Nurses, Patients and Pocketbooks

"OUR office is ordering copies of 'Nurses, Patients and Pocketbooks' for each senior student," writes Anna H. Erdman, Superintendent of Nurses in a Pennsylvania hospital. It is to be used as a basis for the Professional Problems course, the means chosen by all well-informed principals for introducing nurses to their profession. Constructively used the book will provide an extraordinary background. It will help students to think through problems and to find a sound basis for decisions. It is safe to predict that a high percentage of such students, well trained and well grounded in the subject matter of nursing, will develop into truly professional workers.

Left to right: Athiana J. Messolora, Greece; Julienne Noury, France; Enriqueta Macaraig. Philippines; Cecile Mechelynck, Belgium; Venny Snellman, Finland.

Department of Nursing Education

EDITED FOR THE NATIONAL LEAGUE OF NURSING EDUCATION BY NINA D. GAGE, M.A., R.N.

Professional School or Trade School?[1]

ISABEL M. STEWART, R.N.

HOWEVER conscious we may be of the deficiencies of some nurses and nursing schools, most of us are on the defensive at once when nursing is referred to as "a woman's trade," or when nursing schools are found in some of our State Departments of Vocational Education listed with industrial schools. This is no fault of the State Departments or of the Federal Board of Vocational Education, which administers the Smith-Hughes Funds. These organizations naturally assume that institutions asking for financial assistance from funds specifically assigned to vocational secondary schools for training in industrial, agricultural, and other occupations are willing to accept this classification and all the implications which go with it.

The question which we have to answer is whether the rank and file of nursing schools really are on a professional basis, or whether any considerable proportion of them are of the general order of trade or technical schools. It is quite evident that there is a good deal of confusion in our thinking on this subject, and that we do not all understand clearly what is implied in the use of the terms "profession" and "professional school." Indeed some schools calling themselves not only professional schools but university schools of nursing, state frankly that a substantial part of their work is secured from secondary schools and is paid for from Smith-Hughes funds. Such schools would undoubtedly feel deeply injured if they were told that they are operating under false pretenses. They are quite convinced that they have a right to the title of "professional school" no matter what their actual educational standards may be, and it would be difficult to persuade them that a good honest trade school which makes no such pretenses might be infinitely superior to them in its educational work.

For the sake of our own integrity and also to aid in the clarification of our educational objectives, would it not be well to face this matter without emotion or prejudice, first trying to determine what the outstanding characteristics of a professional school are and then making an effort to measure ourselves by these standards?

While no hard and fast line can be drawn between schools of the trade school or sub-professional type and those of the professional type, there are certain differences which are generally recognized just as there are certain fairly well marked differences between the occupations usually classed as professions and those which are classed as industrial, commercial, mechanical or domestic occupations.

[1] Read at the 35th Annual Meeting of the National League of Nursing Education, Atlantic City, N. J., June, 1929.

Some of these differences are inherent in the nature of the occupations themselves, and the demands which they make on the individual practitioner. Some of them are largely traditional, and are a matter of degree rather than kind. It may be helpful to begin by summarizing some of the points which are usually made in defining the duties and obligations of professional practice.

The laws of the United States define a profession as "a vocation in which a professed knowledge of some department of science or learning is used by its practical application to the affairs of others, either in advising, guiding or teaching them or serving their interests or welfare in the practice of the art founded on it." Many other definitions might be quoted. Analysis of those definitions will usually point to certain general demands and qualifications, some of which are listed below:

1. Professional occupations are primarily concerned with human beings, their behavior and relationships.

2. The situations they deal with are usually rather complex and the activities highly variable in character. It is not possible to predict the demands which will be made on the worker, to anything like the same extent that they can be predicted in a trade.

3. Professional procedures cannot usually be mechanized or routinized. They often have to be improvised to meet the situation. There is a constant demand for individual judgment, and adaptability on the part of the worker, especially in crises or emergencies which are likely to be frequent in professional practice and which often demand decisions involving vital human issues.

4. Professional workers usually work individually with little direct supervision. They must therefore possess a fair amount of initiative and must be able to assume individual responsibility when necessary.

5. Professional practice is constantly changing and therefore requires constant study to keep abreast with the new knowledge that is being discovered and with new methods of practice.

6. Professional practice requires a fair degree of maturity and a high degree of personal integrity and social responsibility. The service given is always expected to be the best of which one is capable, regardless of the remuneration received. It is assumed that business or personal considerations will be subordinated to the interests of the client or patient, and that public good will come before private gain.

Is nursing, then, a profession? Few of us would dare to claim that all graduate nurses meet these standards but we should have little difficulty in picking out a good number of representative nurses who are practicing nursing on this general level. As a matter of fact all members of even the old and established professions do not measure up to all these standards but the obligations are recognized even though they are not always honored.

How do these standards affect the standards of professional education? First it is obvious that any professional school which aims to produce workers to meet such demands, must secure candidates of potential professional calibre. No matter how excellent the educational process planned or how rich the educational resources available, it is quite impossible to produce a genuine professional product out of coarse grained or warped, shoddy or cheap human materials. Professional schools usually try to secure candidates who bring a fairly high standard of preliminary education and who also give evidence of having a good cultural background, sound character and a personality which makes for good human relationships. No schools of recognized professional standing now accept students who have not graduated with a satisfactory record from high school and most of them require from two to four years of college work for admission. It is usually stipulated that this preliminary education shall be of a

liberal rather than a vocational character. This means that commercial subjects, for example, would not be accepted as a substitute for "the humanities" in the high school or college course. To secure applicants of good intellectual capacity, many professional schools now admit only those who are drawn from the upper quarter or third of the high school or college class. Other schools apply special intelligence tests on admission to exclude students who are mediocre or who seem to be poorly adapted to the demands of the profession they desire to enter.

Having considered the human material to be prepared for professional practice, the next thing is to consider the educational process itself. Here again the standards tend to be more exacting in the professional school than in the school of the sub-professional type. This does not mean that the methods of teaching are necessarily superior in the professional school. Excellent teaching may be found in many trade or technical schools and poor teaching may be found in many professional schools. However, the general level of intellectual work is expected to be higher and students are expected to get farther below the surface of things in a professional school. The following assumptions are commonly made in regard to schools of this type:

1. A longer period of definite, organized pre-service preparation is required, practically never below two years and often from four to six years.

2. The general content of the professional curriculum is expected to be more substantial and the subject matter more difficult and also more concentrated than that required of trade school or secondary students. It is also expected that it will contain more of the so-called "liberal" or "cultural" elements.

3. A larger proportion of time is usually spent on the underlying sciences or principles than on technical skills, and there is likely to be less repetitive training to secure a high degree of skill. Future growth and competence are not so likely to be sacrificed to immediate wage-earning ability.

4. Students are expected to be able to make their own application of principles, and not simply to follow rule-of-thumb directions or specifications. They are supposed to work with greater independence than students in secondary or trade schools.

5. Students are expected to get a broad enough foundation to build on in the future, and to acquire the habits of study and research which will enable them to add to this foundation.

6. Their programs of study are heavier as a rule and it is assumed that they have passed the stage where they need much supervision or assistance in their studies.

7. Methods of discipline are suited to adult professional students who are expected to assume a large measure of responsibility for their own conduct.

8. In the requirements for graduation the test tends to focus more on fundamental knowledge and reasoning ability than on a high degree of technical skill or on the completion of a specified period of attendance.

9. The members of the professional faculty are expected to be highly qualified from the standpoint of general and professional education, and to have ample time not only for preparation and study, but also for some creative work in the form of writing, experimentation, etc.

Judged by these standards it is doubtful whether more than a very small proportion of nursing schools in the United States could be classed as full professional schools. A good many would be semi-professional rather than professional in type and probably over half would be definitely sub-professional. On the lower levels there is no clear difference in standards between schools which are supposedly training professional nurses and those which are training attendants and child nurses. The educational requirements, grade of instruction, etc., are practically the same though the period of training is longer as a rule for the trained nurse.

While most of us will agree that this is a very unsatisfactory situation,

there is no reason why we should be unduly discouraged about it. Admitting that nursing is "an emerging profession" and that very few nursing schools have yet achieved full professional status, it is encouraging to realize that a fair number are in the process of becoming professional schools in reality as well as in name. It must be remembered also that other vocations such as teaching, are going through the same process but most of them are a little farther ahead than nursing schools in getting their educational standards established and recognized. However, there are still some states where courses for teachers are provided in connection with secondary school programs, where the training is exceedingly superficial and where full high school preparation is not yet required for those entering teacher training institutions.

It seems probable that in nursing as in engineering, agriculture, business, home economics and several other vocational fields, certain schools of a sub-professional type will be needed for the preparation of those workers who do not assume full professional responsibilities and whose nursing duties are of a more elementary and limited character. It would be reasonable to expect that the trained attendant and the child nurse might continue to receive instruction on the secondary school level and that public systems of vocational education might provide some of the facilities for such instruction. It will be generally agreed, however, that the preparation of professional workers should be definitely placed above the secondary school level and that every effort should be made to clear up the present confusion between these two groups and their preparation.

Knowing that professional preparation presupposes full secondary education, it would seem to be very unwise for any school to establish a combined high school and nursing course, if it really wants to be considered as a professional school and if it wants to attract applicants who are high school graduates. It would also be unwise to require such students to return to a high school for any part of their professional preparation. Most students feel that they want to go forward rather than backward when they reach this stage in their education and they quite justly expect that a school which offers professional training will be able to supply the necessary facilities for such training.

While it would be ungrateful not to recognize the assistance which has been given in a few places by high schools, the progress, which has been made during the past few years to improve standards in nursing schools, should surely lead us to assume that all but a very few are now past the stage when they need to call on high schools to help them out. It is possible that in some of the states where educational standards are a little more backward and educational facilities less accessible, instruction in the elementary sciences and dietetics, may still be very difficult to secure. In such cases special arrangements might be made to use the equipment and the teaching staff of a good technical or general high school for a limited period of time until the nursing school can strengthen its own educational facilities.

It would be very unfortunate, however, if such temporary arrangements should lead to the impression on the part of secondary school teachers and others, that the work of nursing schools belongs on the secondary level. This is likely to happen especially when the teaching extends beyond the subjects of the preliminary course and includes clinical and other definite

professional subjects. Most of the preparatory subjects might be considered as belonging either to general or to professional education. While it would be necessary for full professional standing to have them taught on a junior college rather than a secondary school level, and highly desirable to have them taught in direct connection with the student's practical experience, there may be exceptional situations in which it is preferable to get this teaching from a high school or a secondary vocational school rather than from an unprepared or over worked nursing staff.

The essential thing is that no agreements should be entered into which would tend to fix such connections in a permanent way or to establish them on a state-wide or a nation-wide basis. The whole movement toward the professionalizing of nursing schools might be seriously retarded and affiliations with higher institutions made much more difficult than they now are, if state or local departments of education, which are concerned particularly with secondary vocational education, should advertize widely or actively encourage combination high school and professional (?) courses for nurses, subsidized from Smith-Hughes Funds. If individual nursing schools accept such aid for the teaching of the basic sciences or dietetics, the subjects should be definitely stated, so that there should be no misunderstanding about the extent or the nature of the teaching contributed by the secondary school.

It may be well also to remind those nursing schools which are anxious to establish connections with universities or to secure definite recognition as university schools of nursing, that subjects which have been taught by secondary schools and on the general level of secondary school work, are not usually credited by universities and that connections between secondary schools and nursing schools would raise very definite questions about the professional standing of the nursing school and its right to be considered as a university school of nursing.

In conclusion, may we say that without in any way disparaging the ideals and standards of industrial and commercial vocations and others of a non-professional character, we believe that nursing by its nature and traditions, belongs with the group of professions rather than with the group of trades, mechanical arts, domestic, clerical, or business vocations. If this is true, then it is reasonable to assume that the preparation of the nurse should take on more and more of a professional character and that the manual, mechanical or technical elements in the training should not be allowed to submerge the intellectual, social and human elements. If the nurse is considered primarily as a technician or hand worker, dealing with inert materials or with automatic machines it might be quite proper to give her much the same kind of preparation which is given in a trade school to a skilled artizan; but if her work is mainly with human beings and with social situations, if it involves decisions requiring a fairly wide range of knowledge, then she needs a very different kind of preparation, more like that of the teacher and social worker.

The trouble is that so many people are willing to pay "lip service" to nursing as "a noble profession" and at the same time use all their influence to secure the elimination of practically all the intellectual, scientific and humanistic elements in the nursing curriculum, leaving in the main only routine rule-of-thumb practice. Any good trade school makes a definite effort to include some liberal or cultural subjects in its program, for the benefit of

the individual student if not for definite vocational use. Even this concession to the broader educational aims would not be considered necessary or "practical" in many nursing schools. Our philosophy is plainly in need of some reconstruction as well as our educational programs. Those who are responsible for nursing schools surely owe it to themselves and their students, to state their aims and purposes more clearly, to define their terms and titles honestly and to make their training consistent with their professions and convictions whatever these may be.

Economic Aspects of Nursing Education and Nursing Service

THE subject of "The Cost of Nursing Education," and the comparative costs of nursing service given by graduate or student nurses is a very live one just now, and is being studied by many people, in a constantly increasing number of places. Until we have more definite facts and figures about it, we have nothing concrete to offer Boards of Trustees when we ask them to consider whether or not the hospital is justified in maintaining a school of nursing. This is, to be sure, only one of the factors to be considered in making a decision, but it is so important that we are presenting this month some of the papers from a round-table devoted to the subject at the Montreal Congress of International Council of Nurses. This will show how similar are our nursing problems in all countries. We also have the privilege of presenting a further consideration of the subject by Robert E. Neff, Administrator of the State University of Iowa, which was read at a recent meeting of the Iowa League of Nursing Education. We thus have the advantage of viewing the problem from several angles.

NINA D. GAGE, *Department Editor.*

Round-Table Report

NELLIE X. HAWKINSON, R.N., Chairman

Sub-topics:

1. The need for cost studies to determine the cost of nursing education as distinguished from that of nursing service, from the standpoint of a principal of a school of nursing and a superintendent of nurses.

I.

THE NEED FOR COST STUDIES

EDITH MACP. DICKSON, R.N.

ANYONE who has been confronted with the economic problem of providing the nursing service in a hospital cannot but be convinced that there is an urgent need for cost studies to determine the cost of nursing education as distinguished from nursing service in the hospital.

Up to the present time we have drifted along more or less on individual experience, guided through situations rather by tradition than by reason. When new proposals are made as to ways and means of developing a nursing service, we have our opinions, but they are not based on facts, and it is disconcerting, to say the least, that we are forced to admit that the profession itself cannot make an authentic statement as to the relative cost of a nursing service operated with or without a school.

From the standpoint of a superintendent, then, two main groups of reasons in support of cost studies in nursing present themselves:

1. It would be a satisfaction to a superintendent of a hospital to know which of the methods that are employed in providing a nursing service is the more economical method.

2. When the matter of economy is a factor in the operation of a hospital, it is necessary to demonstrate to the board of directors that either one method or another is to be preferred, and my experience with boards of directors leads me to think that the financial side of the question assumes a place of considerable importance.

But it is desirable that cost studies be made, aside from the reasons already touched upon. If a nursing service is to be supplied by means of a training school, one must be in a position to judge as to whether the cost of training a nurse is adequately returned to the hospital through the service the student renders the hospital, as to the service the nurse will be to the community subsequently, and as to the ability and willingness of the community to afford the type of education that every nurse reasonably expects to receive.

We all know that communities vary in their standards of both medical and nursing service. Some communities demand and afford the best type of medical and nursing service that can be obtained, while others are not so discriminating. In the latter case it might be possible, through a cost study, to persuade local communities that a more economical and satisfactory service might be provided through the organization of a graduate nurse staff than by operating a service by means of a school for nurses. A cost study is necessary, too, if any true comparison can be made of cost of operation as between one hospital and another.

Then there is the problem of the special hospital as well as the smaller general hospital which either seeks or gives affiliation; in these cases a study is necessary in order to determine whether or not such methods as are employed at present are most economical.

It would be of value also to determine the cost, to the hospital, in the education of the nurse in each of the three years and the comparative loss to the hospital when students discontinue their course in any one of the three years of training. Further, it would seem desirable that in cost accounting, in the general operation of a hospital, that as great care should be taken to properly (by which I mean intelligently) check the expenditures of this vital service as is taken in checking the costs of every other department of the hospital. Without a definite cost accounting of the nursing service the present method of budgeting must necessarily be rather haphazard.

As principal of a nursing school, the superintendent must detach herself from the nursing service for which she is also responsible in order that the needs of one department shall not be sacrificed to the advantage of the other; and in any cost study of nursing the student must receive full consideration.

We often hear a student say "My brother, or some other relative, is putting me through my course," when at the same time the training school says, when a nurse graduates, that she is able to earn considerably more per year than if she had not been trained. An untrained girl might earn, say, $60 a month without maintenance. A graduate nurse can earn a minimum of $80 per month with maintenance. So that without training her earning capacity is $720 a year, but with training it is $1,440 a year, making a difference of $720 per year, and this capitalized, for a period of 20 years at 5 per cent, is $9,172.64; so that allowing $3,000 as the amount of service rendered the hospital by a student in the three years of her training, she is still given at the completion of her course the equivalent of a capital grant of $6,000 represented by increased earning power due to the training which she received.

It might be very much in the interest of nursing if, through actual knowledge rather than by estimation of what the hospital really gives the student in return for her service both

in maintenance and preparation for a life work, we could make a more businesslike contract with prospective nurses. In order to make a thorough cost study of nursing service it would be necessary to make a "job analysis" of nursing. This is most desirable in view of the fact that everywhere hospitals are extending and multiplying, and in these extensions the training schools share; but one fails to find in all of this extension and multiplicity a corresponding increase in clinical material which, under present conditions, will add to the students' experience.

A cost study of nursing education might reveal the fact that, in our large centres, where there are several general hospitals and three or four special hospitals, a more economical method of training nurses, both from the standpoint of the hospital and the student group, could be had through the operation of a central school, the school contracting to give nursing service and the hospital agreeing to provide experience, direction and supervision, and to share in the expense of the operation of the school.

We are too prone, I fancy, to blame trust boards for the establishment and maintenance of schools in the type of hospitals which afford too limited clinical experience, when too often, it is the case that the superintending nurse is responsible. This type of administrator is perhaps incapable of organizing and directing a graduate staff, and finds that through training school service of the apprenticeship type she can more easily carry on a nursing service in her own way. Those of us who have shared in the standardization of nursing education know that we cannot progress very far until some one can demonstrate to the community and to trust boards, as well as to some members of our own profession, that the operation of a nursing service, through a school for nurses, is not necessarily an economy under all conditions.

In all hospitals we know that much that is chargeable to domestic and clerical staff is charged to nursing service because nurses in training are not yet engaged in purely nursing service as they should be. It might be a very difficult matter for any of us to obtain sufficient funds or support from our trust boards for the purpose of making a job analysis of nursing, but few would be denied facilities for a costs study, because such a proposal would be appreciated by a group of business men such as sit on hospital boards. Trust boards do not hesitate to study other expenditures in the operation of their hospitals nor to introduce labor-saving devices or other radical changes in methods of operation. Why stop at nursing costs?

While we, as nurses, know that there is much in both nursing and nurse education that is more important than the mere financial side, nevertheless, money still speaks in a language that the average citizen understands, and I believe that it is only through cost studies of nursing service and nursing education that we shall be able to demonstrate which is the most economical and satisfactory method of providing a nursing service on the one hand—and on the other—the most economical method of providing for the student an adequate training in the science and in the art of nursing. I, therefore, submit that from the standpoint of the superintendent of nurses and principal of a nursing school that cost studies to determine the cost of nursing education as distinguished from nursing services are both necessary and desirable for the following reasons:

1. To enable the profession to make an authentic statement as to costs.
2. For the satisfaction of a superintendent of nursing, the hospital, and the community to determine whether or not the most economical methods are being employed in their institution.
3. For the purpose of more accurate budgeting.
4. For comparative nursing costs as between one hospital and another.
5. To determine profit and loss in training student nurses.
6. To determine more specifically what constitutes "Nursing Service."
7. To aid indirectly in the standardization of nurse education.
8. To enable the principal of the school to offer a more businesslike contract to prospective students.
9. To determine what method is the most economical method of securing for the student a truly general training.
10. To determine how much the nurse in training receives from the hospital in excess of what she gives in service—if any.

2. The need for cost studies to determine the cost of nursing education as distinguished from nursing service, from the standpoint of the Grading Committee.

II.

SOME ECONOMIC ASPECTS OF NURSING EDUCATION

From the Standpoint of the Grading Committee

MAY AYRES BURGESS, PH.D.

I AM glad that I follow Miss Dickson on the program, because it seems to me that she has put her finger upon the strategic spot. In the United States most schools of nursing are owned by hospitals, which are controlled by boards of trustees, or by other groups of people who are not nurses. The chief executive of the hospital board is usually the hospital superintendent, and one of his assistants is the superintendent of nurses. Her chief responsibility is not to conduct a school of nursing, but to supply the nursing service for the hospital. So far as many hospital trustees are concerned, education is almost an unacknowledged responsibility.

Yet it seems probable that the future of nursing education in the United States lies in these very hospital schools. That there will be rapid growth in the university nursing school movement, I think most of us earnestly hope; but the fact remains that such growth at best must be gradual; and that for at least the next generation, most nursing graduates will continue to come from the hospital schools. We cannot wait to solve nursing's economic problems until all her schools are independent. We must start where we are, and that means with the schools of nursing owned by hospitals, and controlled by hospital boards of trustees.

In perhaps the greater number of hospital schools in the United States today, nursing education proceeds unobtrusively. A well-known superintendent of nurses recently remarked, "What my trustees don't know won't hurt 'em!" and probably many other superintendents of nurses feel the same way. Those who have studied the early history of nursing education can understand how this came about. At the beginning, nursing schools were not eagerly sought after. They were admitted with hesitation, and continued on sufferance. It behooved them to walk quietly. Moreover, in those early days, the task of teaching nursing was a one-woman job. The superintendent of nurses could and often did teach the students all they needed to know. Working under the apprenticeship system, where the apprentice shares the tasks with the skilled worker, the head of the school had little need to call upon her trustees for help. She could carry the whole load herself.

But that condition no longer holds. Nursing education no longer can be considered as a one-woman job. In the first place, in all the other professions educational standards have been steadily rising. If nursing wants to draw into its ranks today and tomorrow the high-grade intelligent women upon whom it has always depended in the past, it must offer to those women educational opportunities of at least as high standards as those offered to women entering other professions. If the nursing standards are low we must expect that the quality of women entering the profession will also be low. Yet nursing has especial need for the highest grade women it can attract.

In the second place, the demands upon graduate nurses are greater than they were. You know, far better than I can begin to know, the complexity of the modern nurse's task, and the breadth and depth of background which she must have if she is to carry the heavy responsibilities which rest upon her. The education of the nurse is no longer a task which the superintendent of nurses can handle alone. She must have teachers, and classrooms, and equipment, and workers enough so that the student nurse may have time for thinking, as well as for working. All these things cost money.

The hospital nursing school cannot run efficiently without money; and the money must come through the Board of Trustees who control the hospital. They will not be very free to provide the necessary funds unless they feel responsible. The problem for nurses in the United States today is: "How can we get our Boards of Trustees to regard themselves not merely as hospital boards, but as Boards of Education?" The future of nursing depends probably in large degree, upon the measure in which hospital trustees accept their educational responsibility.

This means that nurses must talk the language of the Board, and the language the Board understands best is that of money. Every hospital trustee is interested in questions of cost. Probably nurses need not expect more money for nursing education unless they know how much they are spending now. And probably it is not very difficult to find out.

Cost accounting in detail is difficult. So is making a budget. But finding out the gross cost of nursing education is probably a relatively simple matter. It all comes down to one basic question: "How much less (or more) would it cost us to give as good nursing service to our patients as we are giving now, if we had not student nurses?" The answer gives you the cost of nursing education. If you have no students, you have no school. If you have students, you have a school. The cost of nursing education is the difference in cost between the two.

To learn just what that cost is, the superintendent of nurses must first find out how many students and graduate nurses she has, how many patients they care for, and how many hours a day they work. She will then try to decide how many new people—maids, graduate nurses, stenographers, etc.—the hospital would have to employ if all the students left; and also whether, if there were no students, it might be possible to get along without some of the people now on the payroll. Finally, she would ask herself, "What would these changes cost?"

All of the facts needed for this work are already at hand. You keep daily records of nurse assignments. You know where your nurses are working and how many hours they work. You know how many patients they care for. Those facts are matters of routine record. You also know, for you have

to meet the problem all the time, about what sorts and numbers of workers must be added where there are not enough students to do the work. When your hospital builds a new wing, but does not enlarge the nurses' home, you don't let your patients go unnursed because you haven't enough students. You employ more maids and more graduates; and you know rather exactly how many of each are needed. If you could study your own experience, and put down the results on paper, you would have already at hand all the facts you need for a study of the cost of education in your school.

Approached in this way, the cost of nursing education becomes rather more simple than most of the figures you are asked for; and yet it is a figure which can be relied upon to interest your trustees. Once the trustee becomes interested in costs, the way is opened to interest him in the things for which the money is being spent. The superintendent of nurses has the opportunity to show him what the school is doing and what it needs.

There will be some nurses who will hesitate about attempting such studies as these. They will fear, quite naturally, that the facts revealed may prove embarrassing. Or, perhaps, they may feel that talking about nursing in terms of dollars and cents may tend to bring the crude commercial spirit into a profession which has always tried to keep its eyes on higher levels. Probably there is no need to be afraid. Nursing need not fear the light. If there is one fact which the experience of the Grading Committee has demonstrated during the past three years, it is that nurses want to know the truth. They dare to study themselves.

Neither, I think, is there need to fear the sordid touch of the economic viewpoint. Nursing is an extraordinary profession. It is a profession of idealists, but not of dreamers only. The dominant characteristic of the nursing profession is one of practical idealism. Nurses dream, and then make their dreams come true. They see visions, and build the machinery to make those visions real. There is, then, ample reason to believe that nurses, if they see the need, will confront the problem of costs with as sane fearlessness as they are accustomed to attack all other professional problems which seem to them important.

Effective idealism is incompatible with slipshod business methods. The nurse should be as skillfully practical in financial technic as in bedside technic; as competently honest in one as in the other. Perhaps the biggest contribution which any nurse can make today to her profession is to help put the hospital schools of nursing on a sound financial basis. But this can only come when the nurses at the heads of our training schools realize the importance of analyzing costs, and of discussing their cost problems with their boards of trustees.

3. Discussion of "Time Studies of Nursing Procedures," by Margaret Tracy, M.N., Assistant Professor of Nursing Education, Yale University School of Nursing, United States.

III.

In this discussion Miss Tracy explained the time studies which have been made at Yale University, and pointed out how the results of these studies might be used as the basis for determining the costs of nursing service.[1]

4. The preparation of an annual budget for a school of nursing as distinguished from nursing service as an important step in

[1] "Time Study of Nursing Procedures"—Bulletin No. 1—by Margaret Tracy, price, $1.00.

solving the problem of costs. Annie W. Goodrich, R.N., D.Sc., Dean, Yale University School of Nursing, United States.

IV

In this discussion Miss Goodrich stated that three factors should be considered in the preparation of an annual budget:

a. The cost of nursing service to the hospital.
b. The cost of the overhead of nursing education.
c. The cost of nursing service in relation to medical education.

In order to ascertain the cost of nursing service as distinguished from that of nursing education, Miss Goodrich suggested the following method:

a. Estimate the cost of nursing service on the basis of an entire graduate staff.
b. Determine how much more or less it would cost to project student nurses into the situation.

5. There was not much time for discussion of the papers, but Miss MacManus' data prepared for the discussion, but not read, follows:

V

DISCUSSION

E. MACMANUS, S.R.N.

THERE are some differences in the arrangement of our nursing schools. In England a hospital cannot maintain a nursing training school unless it has 100 beds, with a minimum average daily bed occupation of 40, a resident medical staff, and gives the nurse at least three years' hospital training. In the United States you have many hospitals of 25 or 30 beds which are permitted to train nurses, and I understand that the period of training is in some cases less than three years. In Canada, in some provinces, small nurse training schools also exist.

In England, private duty nurses are very rarely employed in the wards of a general hospital. There is, in most cases, an adequate staff of general duty nurses to supply the acute needs of the seriously ill patients in each ward. In many hospitals, two graduate nurses are attached to each acute ward, the ward Sister and the trained staff nurse, both of whom are responsible for working with the pupil nurses and for teaching them in the ordinary course of their daily care of the sick.

Dr. Burgess has talked of money, that magic word. Most hospitals in England are poor. They are charitable institutions, often old foundations. They have very few private paying beds attached, and the general patients' contributions are very small. Most of our hospitals are run at a loss, which has to be made up by special effort each year. Therefore it is from interested persons, other than the governors or boards of trustees, that we must try to procure the money to endow our nursing schools; and without doubt they should be endowed in order to make our educational department free to develop on sound progressive lines. I think we are all agreed about that. With the exception of one great nursing school, which enjoys the endowment secured through Miss Nightingale's farseeing policy, the finance of the nurse training schools in England is bound up with that of their hospitals. It might be interesting for you to consider a few rough figures which are only approximately accurate.

Approximate Cost of Nursing Education at Some Representative Schools

1. University College Hospital, London, about $15 per nurse per year.
2. Liverpool Royal Infirmary, Liverpool, about $11 per nurse (1928). This hos-

pital has no preliminary training school yet.

3. Middlesex Hospital, London, about $15 per nurse per year.
4. General Hospital, Leeds, about $15 per nurse per year.
5. Guy's Hospital, London, nearly $20 per nurse per year.

These costs are far too low. In some cases surgeons and physicians lecture free. In others, they are paid from $5 to $10 per lecture. Nothing is standardized except the syllabus, which is only a minimum syllabus laid down by the General Nursing Council, and very largely supplemented by the best nurse training schools.

At Guy's Hospital (640 beds), the size of the wards varies from 25 to 58 beds. Domestic help varies from two maids and one scrubbing woman in the small wards to three maids and two scrubbing women in the large wards.

Nursing staff. Small wards, 25 beds

Day: 1 graduate nurse (Sister)
1 third-year nurse
3 student nurses, first and second year (male wards)
4 student nurses, first and second year (female wards)

Night: 1 third-year nurse
1 student nurse
1 supervising night Sister, 3 in number

Nursing staff. Large wards, 48 or 58 beds

Day: 3 graduate nurses (1 Sister, 2 staff nurses)
2 third-year nurses
4 second-year nurses
4 first-year nurses
1 extra or runner ("floater")

Night: 2 third-year nurses
3 second-year nurses
1 supervising night Sister

Details of Approximate Cost of Nurse Education at Guy's Hospital

Preliminary Training School. At present eight weeks course; fee, $330 each pupil. Covers the cost of board and lodging. Twenty-four pupils taken in each group.

Salary, senior instructress, per annum	$750–$1,000
Salary, junior instructress, per annum	500
Emoluments—2 Sisters @ $250 per annum	500
Insurance and superannuation dues	125
Fees, cookery classes and examination	175
Fees, to Medical School	50
Light, heat, depreciation on building, etc., included in main hospital account	....
	$2,350

Hospital Nursing School:

Salary of Sister Tutor	$1,000–$1,250
Emoluments	375
(Part time) assistant	375
Insurance and superannuation dues	150
Lectures by medical men	1,000
Lectures by specializing Sisters	250
Outside examiners' fees, about	50
	$3,450

Total costs	$2,350
	3,450
	$5,800

which divided by about 250 nurses in training works out just over $20 each per year.

As you will see, these figures are very rough and are continually altering. There is no allowance for maintenance of the building, and other costs that ought to be considered can only be guessed.

During the year 1928, fees received from nurses and students (including postgraduate fees) amounted to about $22,455. During the same period (1928) nurses' salaries paid out amounted to about $84,710.

Salaries in detail:

Student nurses	*Per annum*
First year	$125
Second year	150
Third year	175
Graduate staff nurses	250
Graduate special staff nurses, midwives, etc.	300–350
Sisters	400–1,000

All uniforms and laundry provided.

At Guy's Hospital the nursing education is in the hands of an Educational Council, which consists of:

The Dean of the Medical School
The Professor of Physiology
The Medical Superintendent of the Hospital
The Matron (Superintendent of Nurses)
The Sister Tutor (Instructor)
The Preliminary Training School Instructresses

To return to the general economic educational problem, it is our great aim in England, as those responsible for nurse training, to get our schools of nursing endowed—to bring nursing education throughout our schools up to a uniform high level of excellence and to maintain the wise balance of practical work in the wards, which should produce nurses who have well informed minds, compassionate hearts, and skillful hands.

Some Questions on Technic of Toxin-Antitoxin Injections

A NUMBER of physicians have addressed inquiries to the Department relating to the technic of giving toxin-antitoxin injections. We reproduce herewith some of the questions which have been asked and give the replies furnished by Dr. Park:

1. What capacity syringe should be used, that is 1 cc. which will take care of one treatment, or 10 cc. of which only a small part should be used? Is there not considerable danger giving an over-dose with the 10 cc. syringe?

Answer: We usually utilize a 2 cc. Record syringe. The 10 cc. looks so large that it is apt to frighten the patients and it is not quite as easy to use. For the tests we use a ¼-inch length needle. Some prefer ½ inch. The needle should be of 26 gauge, and should have a short bevel.

2. What is the more favorable procedure in giving the toxin-antitoxin, that is, should it be given in alternate arms, or in the same arm each time? One health commissioner insists in giving it in the same arm each time.

Answer: As a rule we give the injection first in one arm and then in the other and the final one given in the first arm. The only objection to giving in one arm is that in some cases the arm is still painful at the end of a week.

3. In giving toxin-antitoxin to a number of children is it necessary to sterilize the syringe each time by boiling, or is it sufficient, after the first injection to wipe off the needle with alcohol?

Answer: We do not sterilize the syringe each time by boiling, but either change the needle for a new one which has been boiled, or we dip the needle in alcohol and wipe it with alcohol. In hundreds of thousands of cases we have not noticed any difference between the two methods.—*Weekly Bulletin*, City of New York Department of Health, October 6, 1928.

An Item Often Overlooked in Cost Accounting

MAJOR WALTER L. SIMPSON

IN the Watts Hospital, West Durham, North Carolina, the instructors are made up mostly of doctors on the staff; but there is a full-time paid instructress. . . . One of our greatest troubles in operating the school is to get the instructors to attend their classes promptly and without omission. Quoting from the records for March, there was a total of 15 classes, of which 7 were missed entirely, showing a percentage of 46.6 classes which had to be held over with a loss to the hospital of 130 nursing hours, due to the fact that the nurses were assembled in the classroom awaiting an instructor who did not show up. This is equivalent to 16 nurses for one day. In April, out of 15 classes, 5 were missed, or 33⅓ per cent, with a total of 86 hours lost, or the equivalent of 10.8 nurses for one day.

The Cost of Nursing Education to the Hospital [1]

ROBERT E. NEFF

THE hospital carries a heavy responsibility in the education of the nurse. It provides laboratory facilities which no other agency can provide; consequently, it has a very definite obligation in connection with nursing education. The question is constantly asked as to how far the hospital should go in the education of the nurse. We have listened with great interest to repeated discussions upon this subject. How does the cost of conducting a creditable school of nursing compare with the cost of operating a hospital with graduate nursing service? Is the student nurse an expense to the hospital, or is she giving ample return in services for the educational opportunities afforded by the hospital? Should the hospital budget its nursing service on the basis of the paid graduate staff, and contribute to nursing education accordingly? Is the teaching of nurses expensive as far as the hospital itself is concerned, and should the per diem patient cost be loaded with this expense? The evolution in nursing education accentuates these questions, and we must acknowledge their pertinence in our consideration of nursing educational problems.

Nursing education is not, and perhaps has never been conducted on a basis sufficiently sound to permit of its development along strictly educational lines. Few schools have assured sources of maintenance beyond the provision which the hospital makes. Unfortunately, the hospital cannot contribute sufficiently, perhaps, to enable the nursing profession to step beyond the apprentice stage and raise its educational standards to a plane corresponding to that of other professions. Under this condition, the chief responsibility of the school is service to the hospital, and not the education of the nurse. About 92 per cent of the nursing schools are found in general hospitals, which means that they are under the control of the hospital with which they are associated and depend upon the hospital budget for support. Under this relationship, the school becomes a matter of secondary importance to the hospital, since the economic problems involved in hospital administration are usually quite acute and do not permit of the development in training standards as might be desirable from the educational viewpoint.

The placing of nursing education as first consideration by the hospital is not to be expected. The needs of the nursing service in the hospital, instead of how many students may be properly educated, seems to be the basis upon which we operate our training schools today. Hospitals are proud to mention the education of the nurse as one of its chief objects, but cannot contribute to the development of nursing education to the extent that other departments of the institution suffer, its budget be placed in jeopardy and the patient be charged to any considerable extent in the education of the nurse. This attitude should not be interpreted as a lack of interest or generosity on the part of the hospital. The hospital is interested in nursing education and desires to maintain its place in promoting nursing education, and will develop and promote the standards of education as far as its financial condition will permit. The hospital will be considered less progressive and less safe in

[1] Read at the Meeting of the Iowa League of Nursing Education, May, 1929.

which to care for the sick and injured, unless it performs an educational function. Its excellence in respect to the diagnosis and treatment of disease depends very largely upon the extent to which it fulfills this educational function. Someone has said, "Where the student is best taught, there the patient is best treated." The educational function of the hospital, therefore, contributes very definitely to higher hospital standards.

If the hospital has a distinct obligation to contribute toward advancement of nursing educational standards just how far shall it go is the question that is the subject of much consideration and discussion. The financial policy of the average hospital may be questioned when its contribution to the nursing school exceeds to any great extent the returns in nursing service as rendered by the student nurses. University schools are situated more favorably, perhaps, than the majority of general hospitals, for the reason that their educational programs may be developed at the expense of the University educational funds beyond a certain point, and not at hospital expense. The product of the hospital, patient service, is reckoned on the basis of patient days at a certain cost. This cost for patient service shall not include to any degree the expense of the training of the nurse beyond the service she renders the patient. The patient may be a public-spirited individual and have a keen interest in nursing education and the development of its standards, but he prefers to make this contribution to nursing education in a more direct manner, and objects to have it charged to his hospital bill.

Every hospital should be able to determine the exact cost of the training school by the use of proper accounting methods. The hospital should know whether its training school is conducted as an asset or a liability financially. If an asset, then the margin of profit accruing from the training school should be returned to the school in developing nursing educational methods and standards accordingly. The hospital then, which finds its training school a financial asset, is in a position to raise its educational standards by the use of the profits in developing its school along better and more advanced educational lines. It may engage more and better qualified instructors. It may relieve the student of those tasks lacking in educational value. It may relieve the student of repeating those services and procedures after their educational content has been sufficiently acquired. Graduate nurses and nurse aids may be employed to substitute for the services of the student.

The majority of general hospitals do profit financially by their training school relationships. In this day when there is urgent need for the raising of nursing educational standards, this condition should not exist. The hospital, however, should not be accused of profiteering in this respect. The situation may be explained, perhaps, by the fact that it has been the usual order, and only in recent years has there been any definite movement on the part of those interested in nursing education to correct the situation. What shall be the order of affairs in the hospital where the training school costs are greater than their return in student nursing service? The plan should work both ways. The training school must reimburse for this margin whether through their endowments or through a scheme for student educational fees. But some financial reimbursement to the hospital must be provided in order to place the training school relationship on a sound basis.

The present trend in nursing education tends to lessen the amount of nursing service rendered by the school. To replace this service, then, more funds must be added to the hospital budget for more nurse aids and graduate nurses. Developments of standards to any great degree in this direction must necessarily carry an obligation on the part of the school to compensate beyond that point where the school ceases to pay its way with the service of its students. We predict that before many years the student will be paying educational fees in many schools, a fee not as great, perhaps, as paid by students in other fields of professional training, but a fee which with the nursing service rendered will compensate for her education. Nursing education has never been offered gratuitously, nor will it ever be, perhaps. The extent to which the student nurse pays with her nursing service or funds, becomes an index to the standards of training which she may expect. Shall nursing education, then, remain on its present basis, paying with nursing services under the present restrictions that do not permit of proper development, or shall it pay its way and assume a position of independence and progress with a program of development that will place it alongside of other professions?

A determination of the services actually rendered by student nurses at the University of Iowa, page 1122, will be interesting perhaps and demonstrate the application of some of the principles discussed in this paper.

A compilation of cost figures for the past year shows the cost of maintaining the school of nursing at $564.25 per student nurse. (This cost includes no interest on investment or depreciation charges.) We have been paying each student nurse an allowance of $60 per year, which, added to the above figure, makes a total cost of $624.25 per year per student. All of this sum has been paid from the hospital budget, and no portion from University educational funds. On this basis it will be noted that the three-year student costs the hospital $1,872.75.

Next year the $60 per year allowance to student nurses will be discontinued. The cost will then be $564.25 per year per student, or $1,692.75 for the three-year period, which sum, when charged against the earnings of the student amounting to $1,932.50 for the corresponding period, leaves a margin in favor of the student nurse amounting to $239.75, or approximately $80 per year.

We estimate that loss, breakage and the like, chargeable to the student nurse owing to inexperience, together with the loss suffered by the hospital in the 20 per cent mortality of beginning students, each of whom lacks $326.75 of paying her expenses that year, would amount to at least $240 per student for the three-year period.

These calculations have been figured liberally in favor of the student nurse. Several additional elements of cost might have been entered as a charge against the student nurse which would increase rather appreciably the cost of her education to the hospital. The figures, nevertheless, illustrate the principles involved in the relationship of the hospital to nursing education.

On the basis of these figures it will be noted that the University, through its University hospitals, is educating the student nurse at no appreciable expense to the State—the student nurse pays her way.

There are two sources, then, to which the hospital may look for additional funds as it develops its

standards in nursing education which undoubtedly will involve additional costs on the part of the hospital—State funds or student fees.

THREE-YEAR COURSE

Freshman Year

	Months	Service Days	Hours Per Day	Total Hours
1st	4½	119	2	238
2nd	4½	116	4	464
	3	80	8	640
Total	12	315		1,342
Less vacation—18 service days Less illness — 1 service day } at eight hours per day				152
Net Service hours for Freshman Year				1,190
Estimating the services at a rate of 25 cents per hour (the rate paid for ward maid service), the freshman student earns				$297.50

Junior Year

	Months	Service Days	Hours Per Day	Total Hours
1st	9	235	6	1,410
	3	80	8	640
Total	12	315		2,050
Less vacation—18 service days Less illness — 1 service day } at 8 hours per day				152
Net Service hours for junior year				1,898
Estimating the services at a rate of 30 cents per hour (one-half the rate paid for general duty nursing), the junior student earns				$569.40

Senior Year

	Months	Service Days	Hours Per Day	Total Hours
	12	315	8	2,520
Less vacation—18 service days Less illness, — 1 service day } at 8 hours per day				152
Net service hours for senior year				2,368
Estimating the services at a rate of 45 cents per hour (three-fourths the rate paid for general duty nursing), the senior student earns				$1,065.60

Summary of Earnings

Freshmen	1,190 hours at 25 cents per hour	$297.50
Junior	1,898 hours at 30 cents per hour	569.40
Senior	2,368 hours at 45 cents per hour	1,065.60
Total	5,456 hours	$1,932.50
Average earnings per hour		35.4 cents

Department of Red Cross Nursing

DEPARTMENT EDITOR: CLARA D. NOYES, DIRECTOR NURSING SERVICE, AMERICAN RED CROSS

The Red Cross at the Congress of the I. C. N.

NO convention or congress of nurses in any country would be complete without the participation of Red Cross nurses or those interested in either the preparation, the selection or the organization of nurses prepared under other auspices for service with the Red Cross. The great congress at Montreal was, therefore, no exception.

The Red Cross was everywhere—in the emblems suspended from the ceiling of the Forum, where general sessions were held; in the exhibit room, where the Canadian and American Red Cross were represented by very interesting exhibits; at round-tables and sectional meetings, and at teas in the homes of officers of the Canadian Red Cross.

Mrs. Maynard Carter, Chief of the Nursing Division of The League of Red Cross Societies, gave a very excellent résumé of the ten recommendations on nursing approved by the Thirteenth Conference of Red Cross Societies meeting at The Hague in 1928. Mlle. Odier representing the International Committee at Geneva traced the history of the relation of the Red Cross to nursing, with special reference to the gradual evolution from the amateur to the professional type, as will be seen by the following quotation:

> The War has also taught us that it is possible to combine the work of trained nurses on behalf of the wounded with that of the Red Cross personnel. Aid detachments have seen that, even with the greatest keenness, it is impossible to learn the art of nursing in a few lessons; and professional nurses have often admired the devotion and endurance of their Red Cross sisters. Great common duties have given birth to a great feeling of comradeship.
>
> * * *
>
> Ever since 1919, the Red Cross Societies have been extending their field by developing their peace activities. That, too, is the reason why the League of Red Cross Societies has been founded. Nursing personnel, however, is as before, their chief concern.
>
> Nowadays this personnel has to undergo a far more complete and much longer course of training. Some countries have made the acquiring of a "State diploma" compulsory for the professional nurse, and as a result most of the Red Cross training schools have extended their courses to meet this requirement.

The round-table on Red Cross Nursing Service, with Mrs. Maynard Carter, Chairman, attacked the subject from two angles: First, the enrollment of the graduate nurse as a reserve; second, the training and enrollment of the auxiliary volunteer group. Miss Noyes, Director Nursing Service, American Red Cross, opened the discussion on the first subject. She was followed by Miss Hagan of Finland; Miss Kackenbeeck, Director Belgian Red Cross; Miss Hamilton, Director Field Service, Ontario Division, Canadian Red Cross; Mlle. Messolora, Director Red Cross School of Nursing, Athens, Greece.

The first speaker urged the importance of developing the closest coöperation between Red Cross societies

and the national nursing organization, in order that professional standards might be safeguarded and Red Cross societies provided with the highest type of nurse. She suggested the organization of a joint committee of nurses and Red Cross officials as the best means of securing understanding and coöperation. She also emphasized the importance of early affiliation of graduates from Red Cross schools, provided they met the requirement with national societies of nurses, not only in order that their independent professional life might reach its highest development, but that they might be of the highest service to their country and their Red Cross.

Miss Hagan told how the Finnish Red Cross had turned to the national societies of nurses for assistance in developing a high type of nursing for its use, and had secured an advisory committee of nurses, as well as a nursing representative in the Central Committee of the Red Cross. This advisory board is now enrolling graduates from good schools of nursing as a reserve. About thirty per cent of the nurses of Finland have been enrolled.

Miss Kackenbeeck gave a résumé of the method followed in Belgium which closely resembles that of the United States. In concluding she said:

> I want to emphasize once more the usefulness which results from the close and sympathetic coöperation which exists in Belgium between the training schools for nurses, the nurses' associations and the National Red Cross.

Miss Hamilton stated that a national enrollment in Canada had been under consideration for some years, that a representative committee had been formed and a plan adopted which was still pending.

Mlle. Messolora reported on the situation in Greece as follows:

> It was only last year after the Corinth earthquake that the Greek Red Cross enrolled the fully trained nurses, who are working with the Red Cross in time of peace, and who will be responsible for the training and supervision of the auxiliary volunteer group, who work under them in the emergency hospitals in time of need.
>
> With regard to the coöperation of the Red Cross with the Nursing Association I would like to mention that the first graduates of the Red Cross School have all joined the Greek Nurses' Association, showing that this cooperation exists.

The second part of the program was discussed by Mlle. d'Haussonville, Vice President of the French Red Cross, S. S. B. M., who gave a brief summary of the nursing situation in France before, during and following the World War—the gradual improvement in their schools of nursing which now prepare nurses for State registration. She emphasized the need for the auxiliary group, giving as her reasons:

> *First.* Inadequate supply of graduate nurses which makes a supplementary group of helpers necessary.
>
> *Second.* Large number of well educated young women in France who do not wish to enter nursing but who have some time to give to the welfare of the community, and to be efficient they must have some training.
>
> She also emphasized the fact that the auxiliary group are not allowed to receive a salary.

Mlle. Odier of Switzerland gave a résumé of the system of training and utilization of the Auxiliary group in general use.

Mlle. Frascara, Italian Red Cross, gave the following summary of the situation in Italy:

> In Italy we have two types of nurses, professional and voluntary. Voluntary nurses have two years' training, following the same program of the professional ones, but not living in the school. After the course they have to present themselves to an examiner, and if they want they can enter in the second year of the professional training school. The professional nurses have to follow a two years' course, living in the school, to get the simple

diploma. The public health nurses have to follow one year course of training in social work, living in the school, after they have secured the professional diploma. The professional nurses teach the young pupils in the training school. All the organization work is done by voluntary nurses of the Red Cross. They are not paid. In 1929 there were 60 courses for voluntary nurses held in Italy. They have 6,000 voluntary nurses and 300 professional nurses who work in hospitals and dispensaries, 300 public health nurses doing district nursing and social work. Registration law in 1925, at the conclusion of ten years, only trained nurses must be employed in hospitals.

Mary C. Gardner, whose experience in Europe with the American Red Cross qualified her to speak with some authority, closed the discussion in her usual clear-cut, logical manner as follows:

From the discussion of the morning, two or three main points would seem to emerge:

First, that in no issue is there a greater divergence than in the conditions which govern the use of volunteers in our various countries. In some there are a sufficient number of fully trained and diplomaed nurses to meet not only the normal demands of peace time, but the extraordinary demands of war and disaster. In other countries the number of fully trained nurses is sufficient for normal conditions, but insufficient in times of emergency. In still others, there are so few nurses that neither the demands of peace, nor of emergency can be met by them.

No one of any country could conceivably say that the sick should remain uncared for because there were not enough trained nurses to care for them. It would seem, therefore, that in all except a very few countries a subsidiary group of volunteer workers is necessary in times of emergency if not in times of normality.

If this is true, certain safeguards must be placed around such a group if the patients are not to be in danger.

First. The relationship between the professional and the volunteer group must be not only close, but sympathetic.

Second. In all professional matters, and in those relating directly to the care of the sick, the volunteer groups should be led and guided by the professional group.

Third. The difference between the two should be made so clear that all may grasp it.

Fourth. Since the sick are undoubtedly better cared for by the fully trained nurse, the goal set should be a gradual increase and strengthening of the professional group, with probably a compensating training of the volunteer group.

With these points in mind, and with the keenest appreciation of the inestimable services already rendered by our co-workers, the volunteers, we will do well to draw closer together and to march forward shoulder to shoulder in our common efforts to care for the sick and to prevent disease.

Nightingale Medals Awarded

MAJOR JULIA C. STIMSON, Dean of the Army School of Nursing and Superintendent of the Army Nurse Corps, and Carrie M. Hall, Director of the School of Nursing, Peter Bent Brigham Hospital, Boston, Massachusetts, have been awarded the Florence Nightingale Medal by the International Committee of the Red Cross at Geneva, Switzerland. Their names had been recommended by the American Red Cross for service rendered that organization as Directors of the Nursing Service of the American Red Cross Commission to France during the World War.

Enrollments Annulled

THE enrollments of the following American Red Cross nurses have been annulled, but their appointment cards and badges have not been returned. It is to be noted that appointment cards and badges always remain the property of National Headquarters and their return is requested when enrollment is annulled: Mrs. Arie Den Adel, formerly Mrs. Nellie McMillen; Marguerite Marie Ahern; Mrs. Henry V. Albers, *née* Anna Mitchell Leslie; Mrs. H. F. Albrecht, *née* Marie Esther Matilda Gilling; Mrs. Clara Ann Alford, *née* Cleary; Lucy Delila Alfred; Minnie Alkire; Kathryn N. Allen; Mrs. John Anderson, *née* Mabel Marie Wells; Mrs. Agnes Elvira Anton, *née* Gustafson; Wilhelmina N. Armstrong; Caroline Aidy Arthur; Mrs. Ross H. Ashmore, *née* Laura May Parker; Mrs. W. J. Ayers, *née* Annie Lorene Moose; Marie Margaret Bach; Mrs. Robert L. Bailey, *née* Agnes Augusta Eggen; Mrs. O. J. Bailey, *née* Bessie Esther Crouch; Mrs. Eli E. Baily, *née* Nelle Irene Childress; Lillian Geraldine Baird.

Our Contributors

We are happy to have a message from the new President of the I. C. N., **Mlle. Chaptal,** which was written especially for the Journal immediately after the last meeting at Montreal of the Board of Directors.

Virginia McCormick, Publicity Secretary of the A. N. A., made marvellous use of the reports from the countries of the world in securing publicity through the daily press at Montreal.

Marie Olsen, R.N., B.S., is a graduate of St. Luke's Hospital, San Francisco, and Teachers College, New York City.

Neither words nor pictures do justice to the charm of the lovely residence for nurses at Bloomingdale Hospital. For the descriptive material we are indebted to **Katherine Hearn, R.N.,** who is retiring from the position of Superintendent of Nurses, which she has long held.

A member of the Committee on the Cost of Medical Care and Director of Public Health Nursing of the American Red Cross, **Elizabeth G. Fox, R.N., A.B.,** has presented a comprehensive view of the Economics of Nursing.

Videl Hudler, B.S., was for six years Social Director of the School of Nursing of the Philadelphia General Hospital. She is now holding a similar position at the Jewish Hospital, Brooklyn, New York.

The extraordinarily interesting work of **Stella Whittaker,** which is outlined in her article, will doubtless set nurses in many places to searching for similar opportunity.

Emily M. Stockford, R.N., is Supervisor of the Surgical Clinical Department, Starling-Loving Hospital, Ohio State University, Columbus, Ohio.

Army School students have the rare privilege of hearing lectures by **Mary E. Schick,** of the Walter Reed Library, on the use of libraries.

So many nurses have thanked the Journal for the stimulation of "Problems in Medical Care" by **Mabel K. Wilson, R.N., B.S.,** that we are glad to continue them.

The practical device described by **Mabel E. Brask** is in use at the Jennie Edmundson Hospital, Council Bluffs, Iowa.

Miss Doyle suffers from an "embarrassment of riches" in preparing her articles on the Sisterhoods, as a vast amount of interesting material has been made available to the Journal and only a relatively small amount of space can be devoted to historical material. The next article will be on "Nursing under Lutheran Auspices."

Mrs. Ethel Clarke, R.N., B.S., is Director of the Indiana University School of Nursing.

Isabel M. Stewart, R.N., M.A., brought all the resources of a generous nature and a scholarly mind to bear on the problem of "Trade or Profession."

Nellie X. Hawkinson, R.N., M.A., who, as Chairman, planned the exceedingly interesting Round Table on "Costs," is Dean of the Western Reserve School of Nursing; **Edith MacP. Dickson, R.N.,** is Superintendent of Nurses at the Toronto Free Hospital, Weston, Canada; **May Ayres Burgess, Ph.D.,** is too well known to require further comment; **E. MacManus, S.R.N.,** is Matron, Guy's Hospital, London, England.

Robert E. Neff is Administrator of the University of Iowa Hospitals.

League Publications

THE National League of Nursing Education has added recently to the publications available through its Headquarters the following:

"Staff Education for Institutional Nurses," M. Cordelia Cowan....	$.15
"The Out-Patient Department as a Teaching Field for Student Nurses," Gertrude Banfield.....	.15
"Nursing by Religious Orders in the United States," Ann Doyle:	
Catholic Sisterhoods — from the July *Journal*.....	.10
Catholic Sisterhoods, 1841–1870— from the August *Journal*.....	.10

There is considerable vocational material which is helpful in acquainting would-be nurses with conditions and requirements in the profession, and in suggesting to them how to choose a school.

In ordering literature, it will save the League a great deal of money if cash is sent with the order. Any excess amount will be refunded.

Student Nurses' Page

Hattiesburg Student Nurses' Club

JENNIE McCRAE

South Mississippi Infirmary, Hattiesburg, Miss.

IN July, 1928, the student nurses of the Methodist Hospital and South Mississippi Infirmary, fifty in number, combined to form a club, meeting every Friday evening at the beautiful new Y. W. C. A. building.

HATTIESBURG STUDENT NURSES' CLUB

Our club is sponsored by Mrs. Varnado, Superintendent of Nurses of the South Mississippi Infirmary, Miss Lord, Superintendent of Nurses of the Methodist Hospital, and Miss Auchmuty, Secretary of the Y. W. C. A. The activities of the club are fourfold: religious, intellectual, social and physical.

At each meeting we have the preliminary business, conducted by our president, followed by a devotional service composed of Scripture reading, prayer and hymns. During the winter this is followed by a program consisting of the reading and discussion of articles, which are of interest and educational value to those of our profession. The *American Journal of Nursing* has been a very great help to us, in keeping before us the ever advancing and widening field of the trained nurse.

At other meetings we have the pleasure of delightful programs, rendered by the musical faculty and students and members of the Dramatic Art Department of the Mississippi Woman's College. The social side of our club consists of very enjoyable parties, at such times as Halloween, Thanksgiving and Valentine, giving the girls opportunity to express originality in decorations, costumes, games and refreshments.

Gymnastic work, under a physical directress, swimming, tennis and volley ball compose the physical side of our club. We emphasize this during the summer months.

Once each month we have a business meeting of the club. The reports of the secretary and treasurer are given. The aim of this meeting is to develop the knowledge of each individual in Parliamentary Law and Procedure.

We are striving in our club to develop in each young woman a nobler character, to broaden her outlook and to instill in her the vision of an ever higher service to mankind, forgetting self in the sincere desire to bring health and comfort to others.

Birthdays in the Hospital

THELMA DODDS

Charles T. Miller Hospital, St. Paul, Minnesota

PERHAPS one of the oldest and most universal customs in America is that of celebrating our birthdays with birthday cakes. This is a custom we have known since childhood and look forward to each year. It is something we take for granted and expect of our families.

A birthday in the hospital presents an entirely different picture. To find oneself among strangers at this time is not a happy feeling. To help overcome this, the Charles T. Miller Hospital has established the custom of presenting to each patient on his birthday, an inexpensive but attractive cake.

The birth-date is obtained in various ways. Most often the patient, while conversing with the nurse caring for her, will mention a birthday at some near date. The social history, taken by the nurse when the patient is admitted to the hospital, also proves a valuable source. This information is sent by the nurse in charge of the floor to the nursing office, where it is approved by the superintendent of nurses, who in turn notifies the dietitian. This personal interest coming as a complete surprise, has a remarkable mental effect upon our patients.

Carrying the cake with lighted candles to the patient is a privilege all the nurses strive for. The doctors, too, have a keen interest in the cakes, for they are often called upon to sample them. In the summer, flowers from the garden are sent in with the cake to add a touch of color. One and all vote that birthday cakes are as much fun in the hospital as in the home.

One patient, seventy-six years of age, received her first birthday cake in our hospital, and how she enjoyed it! It was saved for days as being too precious to cut. Another patient, a prominent city attorney, was no less appreciative. In the Children's Department a birthday cake means a real party, and often the children try having several birthdays a year, they enjoy them so much.

Some of the patients save their cakes until visiting hours, for friends and relatives to enjoy. Candles are relighted for the occasion. Patients remember and appreciate such things, for often the candle holders and remains of the candles may be found carefully tucked away in the bag of the patient going home.

It is not the gift, but the thought that goes with it, that means so much, for we all know that "The gift without the giver is bare."

The Open Forum

The editors are not responsible for opinions expressed in this department. Letters should not exceed 250 words; anonymous letters are not considered

The Psychological Side of Tuberculosis

IMMEDIATELY after the sentence of tuberculosis has been pronounced upon an individual a severe mental upheaval occurs. (I prefer to use the word "sentence" because no available word is more synonymous of the long tedious process of cure.) Primarily the patient experiences fright in an unlimited degree. The next factor, that of discouragement, seems to be an outgrowth or perhaps a descendant of its predecessor. The patient feels that he is being snatched away from the world in all its beauty and literally thrown into the gaping jaws of death. It is a terrifying sensation! With this distressing vision continuously before him it is to be expected that the tuberculous individual may prove to be anxious, self-centered and melancholy. Henceforth life seems to hold very little in store for him. A black cloud appears to be descending and suffocating its victim. Does it not seem consistent for irritability to manifest itself at this time?

A mind free from anxiety and worry is an absolute essential in combating tuberculosis. The patient must have mental rest as well as physical in order to build up his resistance. Time is of vast importance when dealing with complete mental readjustment. Frequently patients are able to change their outlook on life in the space of a few weeks, or it may take a period of years. More rapid changes occur if the individual is naturally optimistic and earnestly seeks to discover a ray of sunshine in each passing event. Cheerful and pleasant surroundings are of great benefit to a tuberculous patient, mentally as well as physically. From them he derives hope, inspiration and encouragement. Those caring for such patients may be of valuable assistance by attempting to gain an insight into his worries and showing him how unimportant they really are.

The person who fears that he himself may contract tuberculosis from a patient has absolutely no place in the sick room. Sufferers with this disease are hypersensitive and are able to very easily detect signs of fright in those around them. The tuberculous individual should be made to feel that those in attendance are really interested in his welfare and are endeavoring in every possible way to help him regain his health. A certain amount of sympathy is very creditable, but an overindulgence may only retard the recovery of the patient.

Coöperation between physician and patient is vitally essential. The patient should be permitted to know something of his condition so that he may intelligently comply with the physician's orders. An attempt should be made to convince the patient that a successful cure depends largely upon himself.

Illinois. MABEL V. NELSON.

"No Time for Reading"

I WAS quite impressed with the article that appeared in the June issue of the *American Journal of Nursing*, entitled "No Time for Reading," and the stress that was laid on the importance of systematic reading as a business. One so often hears this excuse "no time for reading" given as a reason for not being well informed, both in and out of the profession, that it has become a hackneyed and worn-out excuse. I, as a public health and school nurse, put in from eight to ten hours of mental and physical work per day, and yet I find time for reading. I am inclined to feel a little impatient with this class and feel that it is more a lack of desire than lack of time. If the desire were great enough time could be found.

Unfortunately I haven't always been a subscriber to the *Journal*, having had access to it through hospital libraries, etc., but I have been a consistent reader of it. I feel that I could not get along without it. I am so anxious each month that I can hardly wait its arrival.

In order to keep well informed I not only find it necessary to read the *Journal*, but the *Scientific American*, *Popular Science* and other high-class magazines. These keep me well informed along scientific lines in general. By systematic and extensive reading as a matter of business and diversion I have gained a liberal education. I regard the money that I have spent for books and magazines and the

time spent in reading them a worth-while investment and one that has paid large dividends. My advice is to read more, and by all means read the *Journal*. It is the way to progress, and if we are not progressing we are retrogressing. So, let's go forward and not back.

New Jersey. D. S. G.

An Unhappy Experience

BELIEVING this page to be an open forum I submit the following experience for the benefit of others that have been or may be subjected to similar treatment. We learned from our earliest days in training, and were expected to make it effective, the definition of the word "hospital," yet we find the interpretation much misconstrued in our contacts. A co-worker and myself, both instructors from the central west, were sent by our Superintendent to the American Hospital Association convention and the National League of Nursing Education meeting at Atlantic City. Important on the program mapped out for us were visits to leading hospitals and training schools in New York City. Our first experience was at ——— Hospital. After stating to a courteous man in the front office that we were returning west after attending the convention at Atlantic City, he sent us to another office, via messenger and note. There a clerk, after reading his note, said we could not be shown about that day, but to return the next week. We remonstrated in vain that we were leaving the city on the following day. This episode was repeated similarly at ——— Hospital, the difference being that an unyielding doorman flatly refused to even allow us to enter the hospital doors. The following day we demonstrated that perseverance and persistence characterized our mental components. We went to ———, where we were received most courteously and shown everything of general and particular interest. Suffice it to say, teaching History of Nursing is rather pharisaical when one attempts to dwell on the pioneer schools of the east and instill with sincerity any enthusiasm into the heart or mind of a student after such experiences as these.

Indiana. E. M. G.

A telephone call to the Nursing School office in advance of the visit would have proved an "Open Sesame."—EDITOR.

The Hospital, the Alumnae and the Sick Nurse

I NOTICE in the article on "The Hospital, the Alumnae and the Sick Nurse" in the May number of the *American Journal of Nursing*, "none of the hospitals reporting on giving care to their graduates who are ill were located in New York City." Perhaps the questionnaires were not all returned, perhaps they were not received, but I wish to state that the New York Hospital has always given free care to its graduates. I know this from personal experience, having had the best of care, free of charge, not only when in the employ of the hospital, but when I went back from an operation after several years' absence from the hospital. Special quarters have always been maintained by the hospital for graduate and student nurses who are ill. I do not know what plans are being made in the new New York Hospital—Cornell University Medical Unit—but I am sure they will include provision for care of their nurses, as in the past.

A NEW YORK HOSPITAL GRADUATE.

From a Resourceful Nurse

SOMETIMES I almost feel sorry for people who have never been sick; I doubt if the always-well people know what a beautiful world this is in which we live.

When I grow tired of everything,
And days seem long to me,
I light again the fires of life
With gems of poetry.

I have heaps of fun writing verses.

Indiana. G. C.

Will the Donor Respond?

"HAVING occasion to be in the U. S., after the conference I. C. N., owing to the hospitality of Americans, to ask you the name of the so kind American nurse sending me every month the *American Journal of Nursing* to Athens."

Greece. A. T. MESSOLORA.

Staff Conference at a Psychiatric Hospital

ONE hour after my entrance to a mental hospital, I was invited to attend a staff conference. I was profoundly impressed. The tactful questioning and kindly treatment given to the patient seated at ease among the doctors and nurses in that room was to me a revelation. The patient seemed to have an exaggerated feeling of satisfaction. He laughed frequently and was much amused at the questions that were asked him regarding his feelings, sensations and condition. When his doctor suggested that he be serious for a moment he was most agreeable, and did try.

When the patient was released and a discussion ensued, the exchange of opinions among the doctors did not fail to impress me with the strenuous effort that is made by the psychiatrist to understand this most mysterious of all illnesses, this affliction of the mind.

Mental nursing is, for me, a new field. It is for a good many nurses graduated from the general hospitals at present. It is so different from general sick nursing that one can hardly hope to succeed unless some special training or experience is forthcoming.

From the moment I entered upon my duties on the ward I was presented with many difficulties. The charge nurse seemed to discover symptoms and conditions that to me seemed very obscure. She was able to discriminate between symptoms and conditions that were real from those that were imaginary, and even though I made observations carefully I was not always able to interpret symptoms correctly.

I attended staff conferences often, and some few weeks later a patient was admitted for preliminary diagnosis. He was restless, moving about; easily distracted. When questioned he would jump from one topic of conversation to another. He had been on parole previous to his admission to the hospital, and had caused his family considerable grief and worry by his conduct.

The diagnosis was not decided upon at this conference. It was thought by some of the members of the staff that the patient might be suffering from a manic psychosis episode. Most of the doctors present seemed to think that much of what the patient said and did would point to a diagnosis of this sort, but it was my impression that no conclusion was reached at this time.

Later, to be exact, six weeks later, this patient again appeared at staff. His doctor expressed the idea that he was emotionally flattened. It was thought that the patient's insight to his condition was very superficial. Some indifference was noted in his behavior on the ward. Even to the inexperienced eye of the new nurse a change had taken place in this patient's condition.

Is the presence of the nurse at a staff conference in the psychiatric hospital worth while? The new nurse's impression is—Yes. It will help her to gain an insight and an understanding of her patient's condition that she cannot hope to obtain in any other manner.

MARY MOCKLER BROWN, R.N.
New York, N. Y.

Journals Wanted and on Hand

HELEN SCOTT HAY, 508 Chicago Avenue, Savanna, Ill., will send copies of the *Journal* for the cost of mailing, if they are sent for at once: 1906, September, October, December; 1907, all except January and April; 1908, all except September, October, November; 1909, 1910, 1911, complete; 1912, February; 1917, November; 1918, August, December; 1922, May, June through November; 1923, all except January, February, May; 1924, 1925, 1926, 1927, complete; 1928, January through March, and June.

Louise Schroeder, The Miami Valley Hospital School of Nursing, Dayton, Ohio, will pay twenty-five cents each for the following copies of the *Journal:* 1912, October, November, December; 1914, January to December, inclusive; 1916, October; 1917, January, February, March.

Mrs. Anne How, New Jersey State Hospital, Greystone Park, N. J., wishes a copy of the *Journal* for March, 1927, and will pay for this number.

Susan C. Francis, The Children's Hospital, Philadelphia, Pa., would like the September, 1918, *Journal.* She has an extra copy for August, 1917.

Mary Louise Bradfield, 914 Lawndale Avenue, South Bend, Ind., has the following copies of the *Journal* on hand which may be had for the cost of mailing: 1924, all except January, February, July, September; 1925, all except August; 1926, 1927, 1928, complete; 1929 to date.

League Reports on Hand

HELEN SCOTT HAY has also the reports of the meetings of the National League of Nursing Education for the following years: 1907, 1909, 1911, 1912, 1913, 1919, 1920, 1922, 1923, 1924, 1925, 1926, 1927, 1928.

Abstracts

WILLIAM B. CASTLE, M.D., and MORRIS A. BOWIE, A.B.: A Domestic Liver Extract for Use in Pernicious Anemia. (*The Journal of the American Medical Association*, Chicago, Illinois, June 1, 1929.)

A PROCESS is here described, however, by which it is possible for any reasonably intelligent person to make, from inexpensive beef liver, an extract effective in the treatment of pernicious anemia. Although for those patients who can afford it, the concentrated dry or liquid commercial products are undoubtedly the most convenient sources of the effective principle, it is believed that a simple process for the use of less fortunate patients will have a field of utility. The expense of the process, aside from the initial cost of the utensils needed, which are found in most kitchens, is practically the cost of the liver alone. With a little experience, the time involved should not be greater than one-half hour daily. The extract so produced should not exceed in amount two ordinary drinking glasses (500 cc.) of a liquid tasting very like beef broth, and almost entirely free from the peculiar flavor of liver which offends many patients.

Directions for Making Domestic Liver Extract

THE utensils needed are: a meat chopper, a quart, rubber-sealed jar, two enamel saucepans, a wire strainer (mesh about seventeen to the inch), a tablespoon, unbleached fine-mesh cloth, and a drinking glass.

1. In the evening, somewhat more than a half pound of beef liver should be ground twice through a meat chopper, the finest cutter being used.

2. One glassful (280 gm.) of the liver pulp (P_1), with one and one-half glasses (375 cc.) of cold water, should be placed in the jar, shaken vigorously for five minutes, then put in the icebox and allowed to stand over night, being shaken again, if possible, during the evening.

3. In the morning, the jar is removed from the icebox and is again shaken vigorously for five minutes. Then the readily available reddish brown liquid (L_1) is strained off with the strainer. The liver pulp (P_2) remaining in the strainer is replaced in the quart jar with one and one-half glasses of cold water, shaken five minutes, and again put in the icebox until evening.

4. The strained liquid (L_1) should be placed in an enamel saucepan and heated, with constant stirring, over as hot a flame as possible. The liquid will turn brown and curdle. The liquid is removed from the fire and cooled as rapidly as possible by immersion in cold water, until it is possible to squeeze the contents through double, unbleached cloth after the manner employed in making jelly. This will give a slightly cloudy yellow liquid (E_1) and leave a dry pulp in the cloth.

5. The dry pulp from the cloth is replaced in the saucepan and from one-half to three-fourths glass of warm water (40 C.) added. This is stirred until the pulp is thoroughly broken up again, and is then strained as before through the cloth. The second yellow liquid (E_2) is added to the first (E_1). The dry pulp is then discarded.

6. There should be about two glasses (500 cc.) of the yellow liquids (E_1 and E_2) combined. This is the extract to be taken by the patient in one day. It may be taken hot or cold. Salt adds to the flavor. If rewarmed, it should be kept well below the boiling point.

7. On the second evening and on each evening thereafter, the jar containing the original liver pulp (P_2), which is being extracted for the second time, is removed from the icebox, and, after being shaken five minutes, the available liquid (L_2) is strained off, exactly as in procedure 3. This liquid (L_2) is used, instead of the one and one-half glasses of water, with the new liver pulp as in procedure 2. The object of this is to secure a double extraction of each day's raw liver pulp without increasing the volume of extract.

W. H. KELLOGG, M.D., Chief, State Bacteriological Laboratory: The Control of Epidemic Meningitis. (Weekly Bulletin, California Department of Public Health, April 6, 1929.)

THE unusual prevalence of epidemic meningitis (cerebrospinal) fever suggests a word from the laboratory point of view regarding carriers and what can be done about

them. It is a well-known fact that carriers of the *meningococcus* are usually to be found in the vicinity of cases—in fact, they always outnumber cases, several to one, and the carrier is probably the chief source of new infections. It is only natural, therefore, to think of a carrier examination as a means of control.

Unfortunately, the situation is not as simple as it seems. The trouble is that the *meningococcus* is a very delicate organism, requires a special culture medium, is very sensitive to slight chilling, is even killed by the saliva in the mouth, and has many "doubles" on the respiratory mucous membranes and in the mouth that must be carefully distinguished from it. All of this means that in obtaining the swab, care must be taken to prevent the swab from touching anything until it reaches the vault of the pharynx and also until it reaches the culture plate. The best way to ensure this is to use a West tube and have the swab taken by a nose and throat specialist. After taking the swab it must be *immediately* brushed over the surface of a blood or serum agar plate which has been previously warmed and the plate must then be placed *immediately* into the incubator. This means, practically, that it is of no use to take cultures from a suspected meningococcus carrier unless the suspect is under the same roof as the laboratory and unless a portable incubator is employed to carry the culture from the patient to the laboratory. Specimens positively cannot be sent by mail to a central laboratory. Identification of the *meningococcus*, after suspicious colonies are found, requires a dependable agglutinating serum as cultural identification is not sufficient.

The sporadic character of many of the cases of epidemic meningitis, the comparatively infrequent occurrence of secondary cases in a household, and the occurrence of the disease in small and isolated outbreaks with little tendency to spread rapidly or develop into major epidemics, points to the existence of a fairly widespread resistance to infection among the general population. Even with numerous carriers, therefore, the sporadic nature of the cases is understood and the difficulty of control on a basis of recognition and restraint of carriers is clear when one considers that the percentage of susceptibles in the population is low. Whether the low attack rate is due to high individual resistance or to low virulence of the *meningococcus* and a correspondingly high dosage requirement (intensive exposure) does not matter. The fact remains that the disease does not spread until the carrier incidence reaches a comparatively high ratio.

All of this means that the principal application of cultural methods for identification and isolation of carriers is in groups living in close association, such as those in boarding schools, asylums and barracks. Even here, the results have not been brilliant, as the experience of the army cantonments during the war showed.

Known cases of epidemic meningitis, of course, must be isolated and contact prevented by placarding the house. The usual methods of preventing spread within the household, common to all respiratory infections should be enforced. Well children within the household and adults, if they come into contact with children on the outside, should be detained for two weeks after the recovery of the case. It is pretty certain that some of these are carriers for a time, fortunately temporary as a rule, so that the two weeks' detention period will be perhaps more effective than an entire release on laboratory findings.

McKim Marriott, M.D., and Ludwig Schoenthal, Dr. Med.: An Experimental Study of the Use of Unsweetened Evaporated Milk for the Preparation of Infant Feeding Formulas. (*Archives of Pediatrics*, March, 1929.)

THE suitability of unsweetened evaporated milk for the preparation of infant feeding formulas is discussed. The possible advantages and disadvantages are considered.

The results of an experimental study are reported in which evaporated milk was fed to 752 young infants. Comparison is made with a control series of 670 infants breast-fed or fed on other forms of milk modification. The evaporated milk series included 570 newly born infants, 107 young infants in dispensary and private practice and 75 sick infants in a hospital. Eleven were prematures.

Conclusions

1. Unsweetened evaporated milk is, from the nutritional standpoint, the full equivalent of pasteurized or boiled whole cow's milk.

2. The continued use of evaporated milk as a routine food for normal infants is unattended by nutritional disturbances.

3. Evaporated milk was found to be especially suitable for premature infants.

4. The experiment proves evaporated milk, when suitably modified, to be a satisfactory food for sick infants, especially those suffering from nutritional or gastrointestinal ills.

5. The known qualities of unsweetened evaporated milk—its sterility, its ready digestibility and uniformity of composition—are distinct advantages which recommend it.

Books You Will Enjoy

ISABEL ELY LORD

BELLS, by S. N. Coleman, is a book full of interest. The subtitle reads Their History, Legends, Making, and Uses, and many illustrations help the telling of the story. The book is a little heavy for its size, perhaps too much so for a convalescent to hold long, but fine for short periods of reading. (McNally, $2.)

One of the most valuable of recent books of criticism is Henry Seidel Canby's *American Estimates* (Harcourt, $3). Mr. Canby has collected here a series of sketches, generally short, of value to every one interested in American literature, about books and writers and American standards and trends. It is a good volume to "pick up."

The Call of England, by H. V. Morton (McBride, $3), is a delightful book of travel, and unusual because it deals with the north of England. It tells of the manufacturing towns of which the phrase makes us think, but more of the beauties of the country, which are less known than those of the center and south of England. It makes one long to start out to see them.

Brian W. Downs' *Richardson* is more than the story of the great novelist of sentiment. It gives a picture of English fiction leading up to and descending from Richardson, and is also a very readable volume. (Dutton, $2.)

The Story of *Cotton Mather: Keeper of the Puritan Conscience*, is well worth reading. Ralph and Louise Boas have told it admirably, and reading it will make one satisfied that one's lot was not cast in the early days of New England. Paper and print are especially well suited to the text. (Harper, $3.)

An interesting example of modern biography is *The Skull of Swift*, by Shane Leslie. It is not as easy reading as many, but presents a vivid picture of the Gloomy Dean, a man so hard for us to understand, living in times also difficult for us to conceive. (Bobbs-Merrill, $3.)

You will of course read Erich Maria Remarque's *All Quiet on the Western Front*, the poignant war novel which is generallly held to be the best yet written. It is hardly a cheerful book, so that few convalescents will want it. (Little.)

The Tents of Wickedness of which Mella Russell McCallum writes are those of the circus, and this is a very pleasant tale of the girl who left them for a happy marriage but always regretted them. (Century.)

For an unusual, complicated, and very entertaining mystery tale, recommend *The Slype*, by Russell Thorndike. (Dial.)

Two Corrections

IN this department for August the price of Dimnet's *Art of Thinking* was given as $1.00. The price is $2.50. In the same issue DuBose Heyward, author of *Mamba's Daughters* was described as "a member of the colored race" of which he writes with such sympathy and understanding. Mr. Heyward is not colored. He is a member of a distinguished family in Charleston, South Carolina.

News

Note.—News items should be typed, if possible, double space, or written plainly, especially proper names. All items should be sent before the 15th of the month preceding publication

The American Nurses' Association

The Advisory Council

A Digest of the Meetings Held June 21–22, 1929, in Atlantic City

Though but few recommendations will go to the Board of Directors from the Advisory Council meetings held June 21–22 in Atlantic City, this important group in A. N. A. work made a very real contribution through its recent sessions. Of primary importance were the animated and thoughtful discussions of one of the most serious problems faced today by the American Nurses' Association: namely, the Nurses' Relief Fund.

Consideration of relief led directly to discussions of the Harmon Fund and of the entire question of insurance and pensions for nurses, and the significant fact was that these discussions sought to find out the situation. Solutions to the problems, it was agreed, were not to be forthcoming without further study and thought on the part of the members of the Council. These sessions served only to bring out facts and to raise questions the answers to which, it was felt, would be found only after further consideration.

It was interesting to note, moreover, that the same alert interest was given by the Council to problems in detail of organization, the smooth running of the machinery being held of equal importance with the changes felt necessary in the structure.

Nurses' Relief Fund

A most significant step was taken by the Advisory Council at Atlantic City when it went on record as believing that relief giving on a national basis is neither sound nor feasible. It further formulated a recommendation to the Board of Directors that the Council recommend to the Board that relief giving be decentralized. A motion carried that the Council recommend to the Board that, following such a motion for decentralization, the Board instruct the Relief Fund Committee to prepare a plan suggesting a method or methods of relief giving, and that such funds as may be necessary in carrying out this work be drawn from the Relief Fund.

This action was taken after a long and detailed discussion of Relief Fund policies and administration from its three principal angles: (1) the economic aspects, (2) the social problem, (3) insurance and pension. A statement of the present status of the Relief Fund was read, the problem being summarized in these questions:

First: Is it feasible to operate a relief fund on a national basis?

Second: Is it right to assume so large a financial responsibility, immediate and future, on so inadequate and precarious an income?

Third: Is it a logical project of the American Nurses' Association? "In other words," explained Carrie M. Hall, R.N., Chairman of the Relief Fund Committee, "these women are citizens before they are nurses and are they not eligible for the same kind of assistance in their communities as other citizens are eligible for? As a profession, have we not undertaken a project that is too big for us when we undertake to assist all the needy and incapacitated members, out of a membership of nearly 80,000?"

Said Janet M. Geister, R.N., Headquarters' Director, "The business men tell us that of course we are heading for disaster; that we are offering a sickness insurance, which is one of the most expensive forms of insurance, at the rate of $1 a year, and that dollar rather desultory than not. Every dollar we take in increases our obligation.

"The social worker tells us our case work is

poor. We know that. We know how utterly impossible it is to do social case work by correspondence regardless of how hard people at the other end work, or how hard we work. In long range relief, it simply isn't possible to do the kind of case work that you can do with personal contact. We don't base our relief on social treatment. We just give relief. We do not say we will give help if such-and-such a thing is done by the community. We just give old-fashioned relief by sending a check."

Another factor, other than the rapid growth of the problem due to the increase in the number of beneficiaries, Miss Geister said, was the distances to be covered. "In many states the local chairmen are very busy women, and have a great deal to do," she said. "We had a letter recently from one of the western states where the chairman in the community tried to see three local people. She had to take two days to do it. She wrote that she could not afford to make those calls again because it took too much time. Yet those three people were beneficiaries and their problems needed personal investigation and help."

One-fourth of the full time of the Headquarters' staff goes into Relief Fund work, Miss Geister stated. "There is not the slightest desire at Headquarters to underestimate the value of the Relief Fund," she declared. "But we do feel that the nurses should know that much time is going into the administration of the Fund so they may consider that fact if they wish to make any changes."

After Miss Geister had cited a number of cases, most of them dependent on the relief given through the A. N. A., some of them illustrating the apparent impossibility of doing relief work at a distance, Miss Hall spoke as follows:

"As many of you know, I took the chairmanship of the Committee at the convention last year. I have never attempted anything which is so pathetic in its needs, so inadequate in its results. In the first place, let us take the financial aspect. In our organization we have a Finance Committee and our money is budgeted. We know approximately how much we are going to have to spend in a year and the money is budgeted over the needs of the organization as nearly as possible.

"In the way in which the Relief Fund is used, we have no idea at the beginning of the year how much money the Fund is going to spend. It is true that every month there comes to me a report which shows how much has come in during that month, but as that money is not received in any relation to the applications, and as we can not tie it up with the total expenditure of the Fund, we are carrying on, from my point of view, entirely in the dark. The Committee is spending the money whether we have it or not, according to the appeals that come to us, and I am sure you will agree that is just about as bad business as anything can be. More than that, the make-up of the Fund has been described to you so you know that in addition to spending the income from our invested funds, we are spending current contributions as they come in month by month."

INSURANCE AND PENSIONS

The discussion of relief led logically to that of insurance and pension. Miss Hall sounded the dominant note by saying, "If as has been said there are many nurses who have not been educated to the fact of the Relief Fund, will not the same thing be true of the education of the nurses for not needing the Relief Fund? Would we not be more constructive if, instead of educating more nurses to increase the Relief Fund and to the fact that there is a relief fund to call upon, we centralize our efforts on educating them to make provision for themselves, for sickness and old age, and not allow them to do as many young women do and mortgage their salaries month by month."

At the afternoon session of June 22, the annuities offered by the Harmon Association for the Advancement of Nursing were described in detail. Miss Hall concluded by saying, "We believe the Harmon Association is now on a sound footing. One hundred and seventy-eight nurses are using it, and we believe that what it offers is safe, and that it is right and proper for us to urge in every way that nurses enter this project as a means of saving. We believe also that in schools of nursing the students should be told of it so that when they are graduated, they can begin very early to take advantage of what the Harmon Association offers."

MEMBERSHIP CARD

There was discussion at the opening meeting of a uniform membership card certifying to membership from the Alumnae Association, through district and state, to the American Nurses' Association, and it was decided that the Director of Headquarters send to each state a sample of the card submitted at that meeting of the Advisory Council, together with a report of the discussions and information relative to costs, and that a request be made for an expression of opinion from the states on this subject.

ALUMNAE AND A. N. A.

The question was asked whether upon payment of dues to her Alumnae Association, the

nurse might be considered then a member of the A. N. A. even though the National Association might not have a record of her membership until some months later. The opinion was expressed that inasmuch as the Alumnae Association is the agent of the A. N. A., the nurse, upon payment of her dues, was entitled to all the privileges of membership.

NURSE TECHNICIANS, ANESTHETISTS, OFFICE ASSISTANTS

At the closing meeting of the Council there was considerable discussion of such nursing groups as anesthetists, technicians, office nurses, and others who do not find a place for the discussion of their problems in the sections of the A. N. A. It was suggested that a place be provided for these groups on the program of the 1930 biennial convention at which time they can be given the opportunity to decide whether they desire to organize a formal body for the study of their peculiar problems.

HEADQUARTERS' ALPHABETICAL FILE

A motion carried that the Advisory Council recommend to the Board that the states be urged to assist in the working out of an alphabetical file of A. N. A. membership at national Headquarters.

COÖPERATION BETWEEN STATE BOARDS, TRANSFERS, AND OTHER QUESTIONS

There was discussion in which a number of state representatives entered, as to the cooperation between state boards of nurse examiners and national and state leagues of nursing education on problems in education. No action was taken in this matter nor in that of methods of enforcing state registration laws. A report from several states to the effect that the method of transfer recommended by the A. N. A. was proving satisfactory, brought out a statement of opinion that the system might be continued.

Progress of the Registry Study

In a field trip of six weeks during June and July, Julia P. Wilkinson, Field Secretary of the American Nurses' Association, visited registries in Detroit, Chicago, Milwaukee, Minneapolis, St. Paul, Omaha, Lincoln, Des Moines, South Bend, and Indianapolis. In each case, the official registry received the greater part of the time available, but some visits were paid also to registries not yet established as official, and to commercial registries.

ACTIVE COÖPERATION FROM REGISTRARS

The value of what a field worker brings back from such a trip depends on the spirit with which she is met. The invariable interest and helpfulness of the registrars made the gathering of facts anything but a dull process. As much time as possible was spent in becoming acquainted with the everyday methods and problems of the registries. No amount of correspondence, no reading of what the registries have in print, can take the place of spending hours by the telephone with the registrar, as the calls come in and are placed. With a temporary lull in the calls, comes the opportunity to discuss what lies back of the multitude of minor problems, and what new developments will tend to lessen these problems.

A FEW OF THE TRENDS NOTED

No attempt was made to offer recommendations until we have more material on which to base conclusions. But certain trends and new emphases came out repeatedly in discussion. Several may be mentioned.

1. *Registries are reaching out for community contacts.*—It is now generally accepted that the strength of the registries in the future will lie in their connections, in their sharing in a well knit community program. One of the most frequently asked questions was "What outside contacts are other registries making?" and great interest was shown in the fact that several registries have representation, on the local community council of nursing.

2. *Registries are evaluating themselves.*—Increasingly there has been coming to the fore the registries' responsibility to the public. Out of this has grown the interest in self-study, and re-defining the standards which the registry must maintain, if it is, with confidence, to stand back of the quality of nursing service offered.

3. *Registries are viewing records in a new light.*—The whole question of what records shall be kept depends on what questions are to be answered. To analyze, for example, the causes of all the unfilled calls of a year, or to arrive at the average number of days on duty, and the average numbers spent waiting on call by registry members, necessitates the keeping of certain records. An agreement on what needs most to be studied should come about before recommendations on records, in order to conserve time and effort.

4. *Vocational guidance of the young nurse who contemplates entering private duty.*—In increasing numbers, registrars are being invited by the superintendents of nurses into the schools, to talk to the students, in order that

they may have a better grasp of private duty as a vocation, and not enter it with a one sided viewpoint. Several registrars were especially interested to know that one school sends a small delegation of Senior students to spend a day in the registry, write reports and present them to their class.

Bordeaux School Campaign

CONTRIBUTIONS TO AUGUST 14, 1929

State	*Quota*	*Paid*
Alabama	$192.40	$213.40
Arizona	55.60	71.20
Arkansas	160.00	160.00
California	2,112.00	1,879.03
Colorado	272.00	277.00
Connecticut	744.00	744.00
Delaware	60.00	60.00
District of Columbia	335.60	350.15
Florida	356.80	581.49
Freedmans	24.00	.....
Georgia	314.00	327.19
Hawaii	29.60	179.00
Idaho	33.60	.....
Illinois	1,918.80	2,122.04
Indiana	490.00	544.85
Iowa	652.80	690.80
Kansas	298.00	299.00
Kentucky	223.20	503.69
Louisiana	405.20	627.77
Maine	192.80	197.00
Maryland	631.20	821.30
Massachusetts	1,623.20	1,024.60
Michigan	1,142.40	1,226.00
Minnesota	964.00	748.80
Mississippi	90.40	90.40
Missouri	987.60	1,209.00
Montana	68.40	139.25
Nebraska	319.60	319.60
Nevada	12.00	12.00
New Jersey	811.20	1,052.00
New Hampshire	157.50	168.10
New Mexico	29.20	29.20
New York	3,906.00	4,242.08
North Carolina	310.40	332.40
North Dakota	74.00	158.50
Ohio	1,708.40	1,327.50
Oklahoma	177.20	191.16
Oregon	263.60	60.00
Pennsylvania	2,989.20	1,899.26
Porto Rico	11.60	11.60
South Carolina	114.80	84.40
South Dakota	57.20	57.20
Tennessee	322.00	.....
Texas	778.00	928.60
Rhode Island	263.20	275.70
Utah	79.60	79.60
Vermont	102.40	107.25
Virginia	284.00	337.50
Washington	455.20	455.20
West Virginia	162.00	162.00
Wisconsin	466.40	466.40
Wyoming	16.80	16.80
Special contributions		540.00
Contributions outside of State Associations		2,185.00
		$30,585.01

Nurses' Relief Fund

REPORT FOR MONTH ENDING JULY 31, 1929

Receipts	
Interest received on investments	$110.00
Interest received on bank balances	113.00
Contributions	
California	480.50
Kansas: District 1, $3; District 4, $5	8.00
Massachusetts: Individual contributions	5.00
Minnesota: District 4, Ancker Hospital Alumnae Assn., $8; individual members, $3; District 6, St. Olaf's Alumnae Assn., $14	25.00
Montana: Flathead County Nurses' Assn.	17.00
New Hampshire: Keene Hospital Alumnae Assn.	10.00
New York: District 1, Buffalo City Hospital Alumnae Assn., $40; individual contributions, $32; District 2, Geneva General Hospital Alumnae Assn., $7.50; District 4, Syracuse General Hospital Alumnae Assn., $40; District 6, House of Good Samaritan Alumnae Assn., $51.75; individual contribution, $4.50; District 9, Albany Hospital Alumnae Assn., $60; Cohoes Hospital Alumnae Assn., $31; Hudson Hospital Alumnae Assn., $15; Leonard Hospital Alumnae Assn., $20; Memorial Hospital Alumnae Assn., $70; Saratoga Hospital Alumnae Assn., $41; St. Peters Hospital Alumnae Assn., $25; Troy Hospital Alumnae Assn., $86; Samaritan Hospital Alumnae Assn., $25; Individual members, $9	557.75
North Dakota: State Nurses' Assn.	10.00
Tennessee: Chattanooga District Assn.	100.00
Texas: District 16	1.00
Washington: District 3	39.50
Wisconsin: District 2, $40.50; District 3, Madison General Alumnae Assn., $50; District 4, Marquette Alumnae Assn., $25; District 5, Mt. Sinai Hospital Alumnae Assn., $29; District 6, $126; District 8, $22; District 10, $100; District 12, $35	427.50
	$1,904.25
Disbursements	
Paid to 194 applicants	$2,777.00
Salaries	254.16
	$3,031.16
Excess of disbursements over receipts for month ending July 31, 1929	$1,126.91

All contributions to the Nurses' Relief Fund should be made payable to the Nurses' Relief Fund and sent either to the person who collects your dues or to the local Relief Fund chairman. The method for collection of contributions varies in each state. Your district president or treasurer can tell you to whom your checks should be sent. For application blanks for beneficaries apply to your own alumnae or district association, or to your state chairman. For leaflets and other information address the state chairman or the Director of the American Nurses' Association headquarters, 370 Seventh Avenue, New York, N. Y.

Isabel Hampton Robb Memorial Fund

REPORT TO AUGUST 12, 1929

Previously acknowledged	$34,412.62
Contributions	
District of Columbia: Graduate Nurses' Association, Washington	50.00
Illinois: District 3, State Association	10.00
Iowa: Mercy Hospital Alumnae Association, Davenport	5.00
New York: Individual contribution, New York City	5.00
Total	$34,482.62

MARY M. RIDDLE, *Treasurer.*

McIsaac Loan Fund

REPORT TO AUGUST 12, 1929

Balance, July 5	$178.50
Bank interest	.82
Loan repaid	200.00
Contributions	
District of Columbia: Graduate Nurses' Association, Washington	50.00
Illinois: District 3, State Association	10.00
Iowa: Mercy Hospital Alumnae Association, Davenport	5.00
Total	$444.32
Disbursements	
One loan made	200.00
Balance	$244.32

MARY M. RIDDLE, *Treasurer.*

The McIsaac Loan Fund is greatly reduced by loans recently made, as will be seen by the report above. Several applicants are waiting for loans, but no more can be granted until some of the outstanding loans are repaid or until more contributions are made to the Fund.

KATHARINE DEWITT, *Secretary,*
370 Seventh Avenue, New York City.

American Conference on Hospital Service and the Hospital Library and Service Bureau

In 1920 the American Conference on Hospital Service was incorporated in the State of Illinois, to operate without profit. The object of this Conference is "the betterment of hospital service in the United States of America and the Dominion of Canada," which is interpreted to mean the promotion of coöperation and coördination in the work of all of the constituent organizations to improve hospital service for the sick and injured and to develop and improve teaching, research and other activities in hospitals and all welfare work. The Conference organized the Hospital Library and Service Bureau. The Library has accumulated, classified, digested and made available a wealth of information on the organization, the building, the equipment and the administration of hospitals, dispensaries and allied institutions.

The material has been available, without cost, to hospital executives, trustees, building committees, health officials and individuals interested in hospitals and welfare work. Package libraries, compilations of information in units suitable for mailing, upon various phases of hospital needs, have been loaned to those interested in the hospital field, and this service of the Library became one of its most important functions.

In 1920, Miss Donelda R. Hamlin was appointed Director of the Hospital Library and Service Bureau. The Conference acknowledges with great satisfaction the splendid service of the Director and her subordinates in the development of the Library material and the expansion of its service, which service has, in the opinion of qualified people, become a vital and indispensable agent in the hospital field.

Since the headquarters for the Conference and Library has been in the building owned by the American Hospital Association, the Board of Directors of that Association and the Library Committee of the Conference agreed:

That the American Hospital Association would accept the property of the Hospital Library and Service Bureau on the following terms and conditions:

(1) The function heretofore carried on under the name "Service Bureau" will be continued under the general activities of the Association and as a part thereof.

(2) The Library to be maintained as a department of the Association under the general control of the Trustees, through their agent, the Executive Secretary, as to policies, but in detail acting through the Executive Secretary under the advice and recommendations of a Library Committee to be appointed as a standing committee of the Association. It is agreed that certain members of the present Library Committee of the Conference would be valuable on the Library Committee of the Association.

(3) This acceptance is for a period of three years during which time efforts will be made to develop the functions of the Library and fix it on a substantial foundation, with such

assistance as the Conference and its members of the present Library Committee shall be able to render. At the termination of that time, after six months' notice to the Conference and with the privilege to the Conference to determine the disposition of the assets confided to the Association, together with such additions to the Library material as may have been acquired during that period, the Association may be at liberty to abandon the Library. This provision is made for the purpose of safeguarding the property, if it should happen that the Association finds it impossible properly to provide for its support and maintenance.

(4) Provided that the above proposition be acceptable to the Conference the property will be delivered under a proper instrument, and the transfer will be made as of July 1, 1929.

Under the terms of the contract made between the Conference and the Association for a period of three years, the constituent members of the Conference have not definitely disposed of their equity in the Library. It is presumed, therefore, that the members of the Conference will continue to be interested in the further development of the Library and its Service Bureau. That adequate service may be continued the Association will need the active financial support of the constituent members of the Conference and other organizations and individuals.

Under the administration of the American Hospital Association the Library should receive annual contributions from a large majority of the hospital and individual members of the Association, and with adequate coöperation from the members of the Conference and others, it is believed that within the period of three years the Association will be able to place the Library and its functions on a permanent financial basis.

Industrial Nurses, Attention!

A program of special interest to public health nurses in industry is being planned by the National Organization for Public Health Nursing in connection with the meeting of the Industrial Health Division of the National Safety Council at their Annual Safety Congress to be held in Chicago, September 30–October 4.

A paper on "The Nurse in Industry" will be given by Violet H. Hodgson, Assistant Director of the National Organization for Public Health Nursing, at the meeting of the Industrial Health Section on Tuesday afternoon, October 1. On the following day there will be a luncheon meeting followed by a round-table program under the auspices of the Industrial Nursing Section of the National Organization for Public Health Nursing, at which time the topic "Plant Relationship to the Nursing Service" will be discussed by the following experts in their respective fields: Mr. L. A. DeBlois, Director Safety Engineering, National Bureau Casualty and Surety Underwriters; Miss Eleanor H. Little, Assistant Supervisor Industrial Relations, U. S. Rubber Company; Miss Mary A. Elderkin, Supervising Nurse, Union Carbide and Carbon Company; Mr. J. W. Towsen, Industrial Relations Counselors; Dr. W. A. Sawyer, Director Medical Department, Eastman Kodak Company. Opportunity will be given for general discussion of problems of the individual nurse. A cordial invitation is extended to all nurses in commerce and industry to be present at these meetings.

Army Nurse Corps

During the month of July, 1929, orders were issued for the transfer of the following-named members of the Army Nurse Corps to the stations indicated: To Army and Navy General Hospital, Hot Springs National Park, Ark., 2nd Lieut. Anna J. Crowley; to Station Hospital, Fort Benjamin Harrison, Ind., 2nd Lieut. Beulah Waggoner; to Station Hospital, Fort Bragg, N. C., 2nd Lieut. Frances D. Barker; to Fitzsimons General Hospital, Denver, Col., 2nd Lieut. Ila Broadus; to Station Hospital, Jefferson Barracks, Mo., 2nd Lieut. Alda M. Gage; to U. S. Disciplinary Barracks, Fort Leavenworth, Kans., 2nd Lieut. Lena M. Schumacher; to Letterman General Hospital, San Francisco, Cal., 2nd Lieuts. Barbara Ziegler, Elizabeth Michener, Edith A. Mattoon; to Station Hospital, Fort McPherson, Ga., Katherine I. Herron; to Station Hospital, Fort Riley, Kans., 2nd Lieut. Marie Speckert; to Station Hospital, Fort Sam Houston, Texas, 2nd Lieut. Sarah E. Holden; to Fort Totten, N. Y., 2nd Lieut. Abagail Graves; to Walter Reed General Hospital, Washington, D. C., 2nd Lieut. Edith Thorsen.

Seventeen have been admitted to the corps as Second Lieutenants.

The following-named are under orders for separation from the Corps: Florence M. Auman, Pauline K. Kelsey, Nora M. Kunau, Gerda M. North, Maude A. Pool, Alma L. Opper, Miriam Schmuckli, Flora R. Silverman, Rozella K. Thompson, Belva A. Towery,

Chrystal M. Welsh, Eva Karpisek, Helen Adams, Florence G. Flynn, Mary Everett, Ruby Mahon, Coralie West.

JULIA C. STIMSON,
Major, Army Nurse Corps,
Superintendent.

Navy Nurse Corps

During the month of July, seven nurses were appointed and assigned to duty.

Transfers: To Annapolis, Md., Marilla Berry; to Chelsea, Mass., Louise Madsen; to Norfolk, Va., Katherine C. Glancy, Anna F. Patten, Lillian A. Johnson; to Quantico, Va., Nellie J. DeWitt; to San Diego, Calif. (Hospital Corps Training School), Mabel T. Cooper.

The following nurses have been separated from the Service: Thelma N. Jones, Katheryn Wilson, Rose Durscher, Stella A. Krasnecky, Elizabeth H. Crothers, Anita E. Stover, Frances Shumake, Elsie L. Mason, Elza E. Hurich.

The Corps reports with regret the death of Louise Cooke, which occurred at the Naval Hospital, San Diego, Calif., on July 22, 1929.

J. BEATRICE BOWMAN,
Superintendent, Navy Nurse Corps.

U. S. Public Health Nursing Service

New Assignments: Nine.

Transfers: To Boston, Mass., Selina Kane; to Fort Stanton, N. M., Josephine Gaffney, Chief Nurse; to Evansville, Ind., Vee Ferguson, Chief Nurse; to Savannah, Ga., Garah Morgan; to New Orleans, La., Aline Murray; to Port Townsend, Wash., Mary Lulu Brady; to San Francisco, Calif., Lulu Cage.

Reinstatements: Edna Weld, Katherine Bacot, Grace Wells Bennett.

LUCY MINNIGERODE,
Supt. of Nurses, U. S. P. H. S.

U. S. Veterans' Bureau

REPORT OF NURSING SERVICE

During the month of July, 1929, the following U. S. Veterans' Bureau activities were visited by the Superintendent of Nurses: Regional Offices at Burlington, Vt., Boston, Mass., Providence, R. I., and the U. S. Veterans' Hospital, Rutland Heights, Mass.

Transfers: To U. S. V. H., Oteen, N. C., Anna May McColl; Rose G. Tinker; Emma I. Dickerson; Mary Ann West; to Outwood, Ky., Emma L. Goddard; to U. S. V. H., Memphis, Tenn., Ella Cox; to Edward Hines, Jr., Hospital, Hines, Ill., Dorothy E. Piper; to Regional Office, New York City, Nora P. Murphy.

Reinstatements: Hildred Asplund, Clara L. Engstrom, Honor H. Hastings, Ida Kinlund, Mary Fahoney, Roberta Baker, Caroline V. Brown, Gertrude C. Duchez, Mary C. Johnson.

New Assignments: Twenty-five.

The following nurses have been separated from the Service: Julia Chappell, Rachel Maguire, Margaret Dewberry, Bessie Garragh, Edna N. McGoey, Addie Legg, Mary Koch, Mabel T. Morse, Susan McKenzie, Edna Hertel, Winifred McGuire, Mae Wray, Helen Meyer, Helen Westerberger, Catherine Connors, Mayme Robinson, Harriet Grundmeyer, Mary H. McGee, Julia Kerr, Dorothy Schaffer, Rebecca Wade, Hannah Flahive, Mabel Mures, Mayme Herbert, Martha Lacy, Elsie Rossignol, Mary F. Naughton, Catherine Crew, Lucille Mills, Lillian Bowire, Pauline Dankhauff, Adeline Joiner, Susan Gerhart, Emma Trandt.

MARY A. HICKEY,
Supt. of Nurses, U. S. V. B.

A New Course

Missouri: St. Louis.—Washington University, a course in Public Health Nursing. This course will be conducted by the School of Nursing with the coöperation of other departments of the University and of the following organizations: Health Department of the City of St. Louis; State Board of Health Rural Teaching Center; St. Louis Visiting Nurse Association; St. Louis Provident Association. The purpose of the course is to prepare qualified nurses for positions in the various fields of public health nursing. Completion of the prescribed course will entitle the student to a certificate in Public Health Nursing. The program will cover one academic year of two semesters, a period of about nine months. Registration begins September 19, 1929. For further information or application blanks write to the Director of the School of Nursing, Washington University, 416 South Kingshighway, St. Louis.

CLASS OF REGISTERED NURSES, SUMMER SCHOOL OF 1929, CREIGHTON UNIVERSITY, OMAHA, NEBRASKA

Institutes and Summer Courses

Nebraska: At Creighton University eighty registered nurses from ten states attended a six weeks' course in Principles of Teaching, and Methods of Supervision Applied to Nursing Education, beginning on July 3, under the direction of Carolyn E. Gray, author and educator, and Phoebe M. Kandel, State Director of Schools of Nursing. The work was the first of its kind ever given in Nebraska.

Forty-six of the eighty nurses who registered were Nebraskans, and all but six of the state's schools were represented. Sixty-three of the teaching, supervisory and administrative personnel of the Nebraska schools now have had additional educational preparation, all but two of the state's schools having had this work with Miss Gray. The other registrants came from Iowa, Colorado, Ohio, Indiana, Missouri, Tennessee, Wisconsin, Kansas and Texas.

A ready interest in postgraduate work for nurses was shown by the Reverend Ahearne, and the Reverend J. C. Flynn, S.J., when approached by a representative of the State League and the state educational director. They invited Miss Gray to give the course under the guidance of Father Flynn, Dean of Creighton College of Arts and Sciences and Director of the Summer Session.

Tentative arrangements have been made with Miss Gray for a continuation of the course in Nursing Education, probably in September, 1930. The universal appreciation by the nurses is an evidence of the satisfaction of the courses and of the coöperation of the University.

Wisconsin: A most inspiring institute was held in Madison from July 22–July 27, sponsored by the Educational Committee of the State League of Nursing Education. About one hundred and ten registered. Supervisors, private duty and general duty nurses, instructors, and superintendents alike attended for the purpose of keeping apace with modern developments in our schools.

The opening addresses were by Lila Roberts, President of the Third District League, and Dr. C. A. Harper, State Health Officer. Miss Eldredge, Director of the Bureau of Nursing Education, gave an outline of the aims of the Educational Committee. Professor Merriman of the Department of Education of the University discussed general principles of learning in a series of lectures stressing the value of "overlearning." It is not enough to see a student nurse do something correctly once. We have to drill them until they have the *habit* of doing it right. On successive days he gave "General Principles of Learning"; "Effects of Age on the Ability to Learn"; "Improving the Memory"; "Functions of Books in Learning"; "The Project Method, its Psychology and Practice." Delia Kibbe of the State Department of Public Instruction presented a series of lectures on "Learning Activities," "Assignments," "Individual Differences," "Technics of Questioning," "Development of Study," and "Testing Results of Study." Katherine Densford, Assistant Dean of Illinois Training School, contributed some suggestions for conducting faculty conferences, emphasizing the importance of a definite time, place and order of business. Miss Dennhardt, Assistant Director of the Bureau of Nursing Education, and Lenore Bradley, Superintendent of Nurses at Mt. Sinai Hospital, Milwaukee, demonstrated the use of graphic charts in planning a student's training. Miss Bradley showed some very striking charts of the distribution of students, the relative amount of time each student gets on the various services, graphs over a period of years to show the best months for operating room or obstetrical experience. Alice Weston, Supervisor of the Dispensary

TWENTY-FIFTH ANNIVERSARY OF FIVE PRIVATE DUTY NURSES AT NURSES' CLUB, BIRMINGHAM, ALABAMA, APRIL 7, 1929

(1) Mrs. Mary Walker Foster, Registrar of Birmingham Registry (Private Duty until 3 years ago); (2) Joanna Bartens, Private Duty; (3) Catherine Moultis, Private Duty; (4) Mrs. Kate Van Merkestin, Private Duty (mother of four); (5) Mrs. Katherine Taylor (not in picture). All graduates of St. Vincent's Hospital, class of 1904.

at the University of Michigan Hospital, gave valuable lectures on the use of the dispensary for teaching and social service values for the school of nursing. Mr. C. A. Smith, Secretary of the Faculty of the University, discussed the use of intelligence tests and the evaluation of credits. Miss Sellew, Assistant to the Dean at the Illinois Training School, gave much to think about in her series of five lectures on ward management. Everyone left determined to work on a dozen and one schemes in their respective institutions. Some very practical suggestions on time studies, the planning of the daily time slip, bedside teaching of student nurses, assignment of cases, etc., were given in talks on (1) "The Making of the Plan of Work"; (2) "Machinery for Carrying Out the Plan of Work"; (3) "Examination of the Field to Ascertain If It Is Suitable for the Training of Students";

(4) "Assigning of Practical Experience and Methods of Teaching and Checking Up on Work Done"; (5) "Supervision, Principles of Direct Oversight of the Work of Others."

Many took advantage of round-tables and conferences, and visited hospitals in the city. The Third District Nurses' Association entertained all those attending the institute at a picnic at Vilas Park. An announcement was made at the close of the session that an institute will again be held in Madison in 1930.

Southern Division Meeting

The Southern Division will hold a meeting in Birmingham, Ala., October 27–30, with headquarters at the Tutwiler Hotel.

RATES

Headquarters: The Tutwiler, Fifth Avenue and 20th Street. Single room with shower bath, $3 up; double room with shower bath, $4.50; single room with tub bath $3.50 up; double room with tub bath, $5 up; rooms with twin beds and combination shower and tub, $6.50 to $10.

The Redmont, Fifth Avenue and 21st Street. Rooms from $2.50 to $6.

The Bankhead-Leland, Fifth Avenue and 23rd Street. Rooms from $2.50 to $7.

The Molton, Fifth Avenue and 20th Street. Rooms from $2 to $5.

The Thomas Jefferson, Second Avenue and 17th Street. Rooms from $2 to $7. When three or more persons occupy a large room with tub bath, a reduction in price per person is made.

State Boards of Examiners

Arizona: The ARIZONA STATE BOARD OF NURSE EXAMINERS will hold examinations on October 25 and 26 in Phoenix. Apply to Minnie Benson, 74 West Pennington Street, Tucson, secretary-treasurer of the Arizona State Board of Nurse Examiners, for further information.

Colorado: The COLORADO STATE BOARD OF NURSE EXAMINERS will hold an examination in Denver, on September 10 and 11, to examine nurses for a license to work in Colorado. For further information address Irene Murchison, Secretary, Capitol Building, Denver.

Georgia: The GEORGIA STATE BOARD OF NURSE EXAMINERS will hold examinations for graduate nurses in Atlanta, Augusta, Macon and Savannah, on October 10 and 11, if there are sufficient applicants who apply before September 30. Send applications to the Secretary, Jane Van De Vrede, 131 Forrest Avenue, N. E., Suite 18, Atlanta.

Iowa: The IOWA STATE BOARD OF NURSE EXAMINERS will hold examinations October 24 and 25, at the State House, Des Moines. Marianne Zichy of Marshalltown was reappointed to serve another term of three years on the Board of Nurse Examiners.

Maryland: The MARYLAND STATE BOARD OF NURSE EXAMINERS will hold an examination for state registration, October 9–11. All applications must be filed not later than September 15 with the Secretary, Mary Cary Packard, 1211 Cathedral Street, Baltimore.

Michigan: The MICHIGAN BOARD OF REGISTRATION OF NURSES AND TRAINED ATTENDANTS will hold an examination for graduate nurses in Detroit, September 26 and 27. An examination for graduate nurses and trained attendants will also be held in Lansing, October 10 and 11.

Minnesota: The MINNESOTA STATE BOARD OF NURSE EXAMINERS will hold examinations on October 14 and 15, beginning at 9 a. m., in St. Paul, at the *New* State Capitol; in Duluth, at St. Mary's Hospital; in Rochester, at St. Mary's Hospital; in Crookston, at St. Vincent's Hospital. Applications accompanied by the fee of $15 must be in the hands of the Secretary, Leila Halverson, 207 *Old* State Capitol, St. Paul, by September 25, 1929.

North Dakota: The NORTH DAKOTA STATE BOARD OF NURSE EXAMINERS FOR REGISTRATION OF NURSES will conduct examinations in Fargo and Bismarck, October 8 and 9. Applications should be filed, not later than September 29, with Mildred Clark, Secretary and Treasurer, Devil's Lake.

Public Health Examination

California: The next examination for public health nursing certificate will be held in San Francisco and Los Angeles on September 21. Applications to take this examination may be obtained from the Los Angeles, Sacramento or San Francisco offices, and must be filed in the San Francisco office of the State Department of Public Health, Room 337, State Building, not later than September 1, 1929.

State Associations

Iowa: The joint annual meeting of the IOWA STATE ASSOCIATION OF REGISTERED NURSES and the STATE LEAGUE OF NURSING EDUCATION will convene in Marshalltown, October 16–18. A splendid program has been planned. One full day will be given to the sectional meetings. Anna C. Gladwin of Akron, Ohio, Chairman of the Private Duty Section of the A. N. A., will be a speaker in the Private Duty section. Dr. William DeKleine of the American Red Cross will speak in the Public Health Nursing Section, as well as on the general program. Elinor D. Gregg, Supervisor of Nurses of the Bureau of Indian Affairs, will appear on the general program. The plans of the Program Committee include a trip to the Tama Indian Reservation near Tama, Iowa. Janet Geister, Director of A. N. A. Headquarters, will be present, and will assist in the organization of a State Lay Section. The committee has been particularly fortunate in securing Dr. Steiner of Grinnel College as banquet speaker.

New Hampshire: The annual meeting of the NEW HAMPSHIRE GRADUATE NURSES' ASSOCIATION was held at the State Hospital, Concord, June 13, with Elizabeth M. Murphy, President, in the chair. The morning session was devoted to sectional meetings. The Public Health Section, Mrs. Mary Davis, Chairman, presiding, listened to a most interesting address by Bernice Billings, Boston Tuberculosis League, who spoke on "Summer Camps and Preventorium for Children." The League of Nursing Education, Mrs. Amy MacLaren, Chairman, and the Private Duty Nurses' Section, Mrs. Ethelyn D. Jenkins, Chairman, were conducted as round-tables with appointed leaders. Important questions were discussed with interest and enthusiasm. At a banquet held at the Eagle Hotel, in the evening, Sally Johnson of Boston was the chief speaker.

The following officers were elected: President, Louise Thompson, Elliot Hospital, Keene; vice presidents, Marion Garland, Mary E. Stearns; secretary, Myrtle H. Flanders; treasurer, Flora Obst; executive board, Mrs. Amy MacLaren, Addie Moore, Mrs. Ethelyn Jenkins.

New York: The annual meeting of the three NEW YORK STATE NURSING ORGANIZATIONS will be held in Buffalo, October 22–24, at the Hotel Statler. The presidents of the three organizations will deliver addresses at the opening business meeting. Tuesday afternoon one session will be devoted to Private Duty Nursing. Tuesday evening, the open meeting will be given over to consideration of Red Cross Nursing, with Dr. Thomas Green and Clara D. Noyes of Washington as speakers. Wednesday morning a splendid symposium on Education has been promised, with three well-known speakers. Wednesday afternoon, Isabel Stewart of Teachers College, Columbia University, will present a paper on "How Can We Stimulate Interest in Local Section of the League of Nursing Education?" which will be followed by a discussion. Katharine Tucker, Director, National Organization for Public Health Nursing, will address a meeting for public health nurses. A meeting for student nurses has been arranged with Professor Thyrza W. Amos, Dean of Women, University of Pittsburgh, as speaker. Her subject will be "The Gainful Occupation of Leisure." Wednesday evening at 7, a banquet will be held for the three organizations, for which some form of novel entertainment is being arranged. Thursday morning at a joint meeting, a symposium on Social Hygiene will be presented by such speakers as Sophie Nelson, Director Nursing Service, John Hancock Insurance Co.; Charles Miner of the Committee of Fifteen, Chicago, and Dr. R. S. Dixon, Department of Health, Detroit. Alice Shepard Gilman will give an illustrated address on "Housing the Modern School of Nursing." There has also been arranged a most interesting Lay Members' Round-Table for members of Training School Committees and Public Health Boards of Directors. Several breakfasts, luncheons and teas have been planned, as well as trips to points of interest, to add to the pleasure of the guests. Reservations should be made early. Reduced railroad rates will be available.

Kansas: The KANSAS STATE NURSES' ASSOCIATION will hold its annual meeting October 16–19, inclusive.

Wyoming: The Twentieth Annual Convention of the WYOMING STATE NURSES' ASSOCIATION was held in Cheyenne, Wyo., at the Plains Hotel, June 6 and 7. Thirty-five nurses registered at the beginning of the convention. The meeting was called to order, Thursday morning, by the President, Lillian E. Moore, of Casper. The invocation was given by Rev. J. C. Blackman of Cheyenne. Tracey S. McCraken, President of the Chamber of Commerce, gave the welcoming address. The rest of the morning was spent in hearing reports of the committees and the districts. One of the most interesting reports was the one given by Mrs. H. C. Olson of Cheyenne, Chairman of the Legislative

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Committee. A bill, providing an inspector of Hospital Training Schools, passed the Legislature. Wyoming nurses are very thankful, as the bill had been presented several years in succession without results. Mrs. Olsen and the members of her committee are especially commended for the efforts put forth and the crowning success. The session closed with an address from the President. Miss Moore told of the work in the State during the past year, and especially urged all nurses to help develop more coöperation between the Districts, Alumnae and the State Association.

At the afternoon session an address of welcome was given by Mrs. Albert Douglas, President of the St. John's Alumnae Association. Clare DeCue, Assistant Superintendent of the Navy Nurse Corps, was introduced, and gave a talk on the Corps. This was very enlightening, and was thoroughly enjoyed. A. S. Jessup, Superintendent of Schools in Cheyenne, spoke on "Public Health in the Schools," and was followed closely all during his talk. At a banquet at the Plains Hotel, a talk by G. P. Johnson was both humorous and to the point, and much enjoyed.

The second day, with Miss Moore presiding, Elizabeth A. Vaughn, Assistant National Director of the American Red Cross, gave a most interesting talk on that organization and its work. Esther L. Schoneberg of the Wyoming Tuberculosis Sanatorium talked on "Tuberculosis Nursing," urging the need of T. B. training in the hospital training schools. She was followed by Edith Stallard, T. B. field nurse.

At 1.30 p. m. we were entertained at luncheon at the Memorial Hospital, which was served by the graduating class, and then made a tour through the hospital. The afternoon meeting was spent in finishing up business. Election of officers was held and the following were chosen for the coming year: President, Lillian E. Moore; vice president, Mrs. Reba C. Parnell; secretary, Mrs. Agnes Donovan; treasurer, Gertrude L. Carson.

District and Alumnae News

Georgia: Atlanta.—DISTRICT 1 held its regular bi-monthly meeting in the lecture hall of the Southern Dental College. The report of the Membership Committee showed a membership in the A. N. A. of 496. The Ways and Means Committee reported on work done by members to keep unfavorable legislation from coming up at the present session of the General Assembly. The approaching Southern Division meeting plans were discussed and heartily concurred in. A report of the I. C. N. Congress was much enjoyed. At the recent annual meeting of the ALUMNAE ASSOCIATION OF THE GRADY HOSPITAL, the following officers were elected: President, Elizabeth Carpenter; vice presidents, Annie Bess Feebeck, Connie Bailey; treasurer, Mrs. J. Foster Hawthorne; secretary, Mrs. H. L. Wilson. **Macon.**—The nurses of the THIRD DISTRICT held their bi-monthly meeting at the American Legion Home, on August 3. A Red Cross program was carried out with the aid of Ruth Mettinger, Field Representative of the American Red Cross Nursing Service. Miss Mettinger's address included the history of Red Cross Organization, its development and its value as a specialized unit of patriotic and humane service. Many reasons were brought before the nurses as to why they should wish to enlist in Red Cross Organization. A brief report of the Red Cross relief work done at Cochran, Ga., in April, was given by Winnie Wood in a discussion of her first experience in Red Cross duty. The rest of the meeting was devoted to committee reports, election of officers for the Registry Committee and other business. **Rome.**—DISTRICT 7 held the regular meeting in Rome on the afternoon of August 14. The State Executive Secretary was present, and plans for the State Convention to be held in Rome, October 31–November 2, were discussed. The local committee and all Rome are enthusiastically planning for a fine convention. It is hoped that a number of the delegates to the Southern Division will stop by for a day during the convention.

Illinois: Kewanee.—The Ruby Leora Waller Memorial, a residence for the nurses of the Kewanee Public Hospital, was dedicated and opened in February. The building, which has accommodations for thirty-one nurses, cost $50,000. A residence was greatly needed as the nurses, although the hospital has been in existence for more than a quarter of a century, had been living in nearby frame houses, always an inconvenient arrangement. The residence is a home in a true sense, as it

contains only reception, living, and bedrooms. Classrooms are in the hospital. A handsome portrait of Miss Waller, the daughter to whose memory the building was dedicated by Mr. and Mrs. P. A. Waller, is a feature of the living room.

Iowa: Clinton.—The regular meeting of DISTRICT 6 was held, July 18, at Mercy Hospital. An interesting talk on "Vienna and Her Hospitals" was given by Dr. Koender. Delegates to the state meeting were appointed. **Council Bluffs and Marshalltown.**—Two new alumnae monthly bulletins appeared in May: *The Buzzer* of the St. Thomas Mercy Hospital Alumnae, Marshalltown, and *Mercy Hospital Alumnae Bulletin* of Council Bluffs. Each contains several pages of news items of interest to alumnae members and friends, such as marriages, births, deaths, parties, vacations, etc., also reports of the alumnae meetings. **Davenport.**—The class of 1929, St. Luke's Hospital, Davenport, presented their Training School with $100 as the beginning of an endowment fund for the furthering of nursing education in the school. Another $100 was later presented by Colonel and Mrs. French of Davenport.

Minnesota: St. Paul.—Mary McCloud, who for the past eight years has been the Registrar of the FOURTH DISTRICT, has resigned, and Ann O'Malley has been appointed Registrar.

New York: Canandaigua.—Elizabeth Selden, former Director of Nursing at the Maine General Hospital, Portland, Maine, has been appointed Director of the School of Nursing at the Frederick Ferris Thompson Hospital, at Canandaigua, N. Y. **Clifton Springs.**—Cora Kay, former practical instructor at the Allegheny General Hospital, and a graduate of St. Luke's Hospital of Chicago, has been appointed Instructor of Practical Nursing at the Clifton Springs Sanitarium and Clinic, School of Nursing. **Rochester.**—Grace Breadon, formerly Superintendent of Nurses at the Homeopathic Hospital, Providence, R. I., has been appointed Director of Nurses of the Rochester General Hospital, Rochester, N. Y. Miss Breadon is a graduate of the Presbyterian Hospital, New York City, and Teachers College, Columbia University.

Ohio: Akron.—DISTRICT 1 held a special meeting on August 12 at the Peoples' Hospital, for the purpose of voting on applicants for membership. A regular meeting of the Private Duty Section was held and Miss Wooten, Superintendent of Nurses, lead a discussion on "The Ten-Hour Day."

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Virginia: Harrisonburg.—The ROCKINGHAM MEMORIAL HOSPITAL ALUMNAE held its annual meeting and elected officers for the coming year: The following were unanimously elected as honorary members: Mrs. Russel Bucher, President of the Ladies' Auxiliary, and the President of the Local Medical Society, Dr. N. M. Canter. The Association sent $20 to the Grading Fund; $10 to the Bordeaux Fund; $10 for repairs on nurses' cottage at Catawaba and $5 to the Virginia State debt. The annual Commencement exercises of the Rockingham Memorial Hospital were held on May 31, when a class of twelve received diplomas. The address was given by Dr. P. H. Bowman of Bridgewater College. Ten members of the class are making application for Red Cross enrollment.

Too Late for Classification

North Carolina: The North Carolina Board of Nurse Examiners will give examinations October 15, 16, 17, House of Representatives, Raleigh. Application papers may be procured from the Secretary, Mrs. Z. V. Conyers, Box 1307, Greensboro.

West Virginia: The West Virginia State Nurses' Association will hold its annual meeting at Bluefield, September 26–28. The program is as yet incomplete, but it is hoped there will be present: Nina D. Gage, Executive Secretary, National League of Nursing Education; Janet M. Geister, Headquarters Director, American Nurses' Association; I. Malinde Havey, American Red Cross; and J. Beatrice Bowman, Superintendent, Navy Nurse Corps. Dr. Albert Hoge and Dr. B. S. Clements of Bluefield will make addresses, as will Mrs. Jennie M. Wilson, Secretary West Virginia Board of Nurse Examiners. "Annuities for Nurses" will have an important place on the program.

Deaths

Louise Cooke, at the Naval Hospital, San Diego, Calif., on July 22. Miss Cooke has been a member of the Navy Nurse Corps for more than fifteen years, and her death is a distinct loss to the Service. Burial was at her home, Schenectady, N. Y.

Vera Rebecca Gaittens (class of 1925, St. Vincent's Hospital, Portland, Oregon), at Vancouver, Wash., on August 4, after an illness of two years.

Gertrude W. Johnson, on July 26, after a long illness. Miss Johnson was for nine years the beloved and efficient Superintendent of Nurses of Concordia Hospital, Concordia, Kans. Miss Johnson's entire life was devoted to unselfish service for others. She will be sadly missed by nurses and all who knew her, whose lives cannot help but be better for having known her.

Jenny E. Jordan (class of 1899, Toledo Hospital Training School, Toledo, Ohio), at the Toledo Hospital, on June 21. Miss Jordan was one of the best known private duty nurses in Toledo. A woman of high integrity, she never lost interest in the advancement of and better standards in the nursing profession, for which she held such lofty ideals. She was always optimistic through the long arduous days of her illness, radiating good cheer and exemplifying her faith in the Unseen.

May Reynolds (class of 1909, Ottumwa General Hospital, Ottumwa, Iowa), on June 8, at Ottumwa Hospital, after an illness of many months. After graduation Miss Reynolds practiced as a private duty nurse until 1920; as Red Cross nurse for two years; and from 1922 until her last illness, she was employed by the Metropolitan Life Insurance Company. Miss Reynolds was always faithful to duty and much admired and loved by all who knew her.

Florence Hoff Yeiter (class of 1904, Philadelphia General Hospital), on June 18, at the United States Veterans' Hospital at Outwood, Ky.

Miss Yeiter engaged in private duty in Atlantic City until the opening of the World War, when she volunteered for service as a Red Cross Nurse, having enrolled on January 8, 1918. She was sent to Camp Wheeler, Macon, Ga., and from there to the Debarkation Hospital, New York City. At the close of the War she accepted a position as Assistant Chief Nurse at the United States Veterans' Hospital, New Haven, Conn. She was promoted to Chief Nurse, and spent seven years at this post. In 1927 she was transferred to Aspinwall, Pa., United States Veterans' Hospital, serving two years. In May, 1929, she was again transferred to the United States Veterans' Hospital at Outwood, Ky., as Chief Nurse, where she died after an illness of five days. Miss Yeiter had full military honors at Outwood and also at Millville, N. J., where she was buried. Miss Yeiter was a charter member of District 6, New Jersey State Nurses' Association, and served as Treasurer from its organization until she entered the World War in 1918. She was a loyal and faithful nurse and a sincere and true friend. Her death came as a great shock to her many friends.

"And ever near us, though unseen,
The dear immortal spirits dwell.
For all the boundless universe is life!
There is no death."

Sent in by MINNIE K. FRITZ.

About Books

EFFICIENT STUDY HABITS. By Maud Blanche Muse, R.N., A.M. 110 pages. W. B. Saunders Company, Philadelphia, Pa. Price, $1.

HERE is a much needed little book written out of practical situations in teaching nurses.

How many graduates have groaned, "I've forgotten how to study" when, as a matter of fact, they never really knew how to study effectively. How many students have gone through schools of nursing preparing "to pass the State Board" instead of preparing to practice nursing.

Miss Muse considers study solely from the standpoint of the learner—it is "that form of learning which (stimulated by a felt need, difficulty or problem) seeks to acquire new facts, to establish new habit tendencies or to develop new skills in the fashion which promises to prove most useful to the learner.

Such chapters as "Effective Study Technics" and "Well Tested Rules for Economical Study" should be serviceable both to individuals and to the instructors who are endeavoring to teach their students to develop good study habits.

"Other Factors Influencing Efficient Study" is an important chapter containing information not readily found elsewhere. It gives explicit directions for the use of a library.

This valuable information which is not always acquired in high school may be the key to the door of knowledge.

PHYSICAL THERAPEUTIC TECHNIC. By Frank Butler Granger, M.D. 417 pages. Illustrated. W. B. Saunders Company, Philadelphia. Price, $6.50.

THIS book was written by an outstanding pioneer and investigator of physical therapy. The author states in his preface that this book was not written for the specialist, but for the physician who has installed a limited equipment. He realizes the increasing application of physical methods in treatment by the general practitioner, but he fails to emphasize the fact that physical therapy is just as much a specialty as any other branch of medicine, and a physician untrained in the intricate detail of electrotherapy, radiotherapy and hydrotherapy, can do more damage to a patient in the fraction of a second than can the general practitioner who attempts any of the other specialties.

The first part of the book is an exposition of certain fundamentals of electro-physics, and although somewhat technical in character, it has been written in a popular manner rather than in the ultrascientific. Hydrotherapy, mechanotherapy, muscle reëducation, and massage are not given the comprehensive detailed exposition one would expect.

The remainder of the book is devoted to the technic of treatment of various diseases. The author has not attempted to cover all of the conditions that can be influenced with physical measures. He has, however, outlined clear indications for certain

physical agencies. He has expressed his opinions, conclusions, and technic clearly and with commendable conservatism.

The most important thing in the progress of physical therapy is the education of technicians. The President of the American College of Physical Therapy contends that this training should be done under university supervision. The admission requirements should be a high school education and the completion of a course in a recognized school of physical education or a school of nursing. The author states that nurses, as a rule, do not have sufficient basic training, and he prefers graduates from a school of physical education or college graduates who have majored in physical education.

Theoretically nurses should make the best technicians, and the reviewer feels that high school graduates, who have completed the course in a recognized school of nursing, and have been trained in carrying out intelligently treatments ordered and in observing and reporting symptoms, should make the best technicians. They can be taught a sufficient amount of physical therapeutic technic to enable them to do routine work. The physician, who permits a technician to apply physical therapy in any form without supervision, is assuming a grave responsibility. A lay technician should have no more right in the eye of the law to administer a physical agent of high potential danger, even though prescribed by a physician, than she has to cut into the abdomen.

This volume will have a greater appeal to the physician already conversant with the subject than for the beginner, as it is essentially a condensed practical text for the general practitioner who has made a specialty of physical therapy. The illustrations are well selected and assist greatly in an understanding of some of the points brought out in the text. It is to be recommended to all nurses interested in this line of work.

ANNA L. GIBSON, R.N.
Boston, Mass.

HOW TO SPEAK EFFECTIVELY, WITH SOME SIMPLE RULES OF PARLIAMENTARY PRACTICE. By George Eric Peabody. 100 pages. John Wiley & Sons, Inc., New York. Price, $1.50.

NURSING has produced a fair number of women who can write good papers. It has provided very few good speakers. Here is a book that might have been written, though it was not, after a nurses' convention. The author presents, in simple readable fashion, the technic of preparing the material of a speech and the technic of saying it with or without "visual aids" such as charts. His whole discussion is summed up in the pungent sentence, "Have something to say, say it, then quit."

Many nurses believe that they can never become good speakers; that is because they think speakers are born. They do not realize that speakers, like nurses, may be born with certain aptitudes but that they are made by careful preparation. The author is emphatic on this point for he says: "Within reasonable limits, any person normal physically and mentally can become a good speaker."

Because a knowledge of parliamentary procedure is so often needed by those who speak in public, the second part of the book is devoted to "some simple rules of parliamentary practice." Like the treatment of Part I, the material is elementary and the style simple and effective. The book should have real usefulness in the libraries and in the hands of nurses

who are active in their professional and other organizations.

PIONEERS OF NURSING IN CANADA. Published under the auspices of the Canadian Nurses' Association by the History of Nursing Society, School for Graduate Nurses, McGill University, Montreal, Canada. 27 pages. Illustrated. Price, $1.

THIS modest brochure comes at an opportune moment for many nurses are studying the development of nursing in Canada. It is the work of the History of Nursing Society, of McGill University, and is a tribute of affection to Flora Madeline Shaw, teacher and leader of Canadian nurses. Of Miss Shaw, Miss Nutting says in the foreword:

> Some substance of herself is embodied in the structure which she so faithfully labored to erect. Invisible for the most part, it lives in the spirit, the ideas and ideals which she set in motion, and these will be somewhere wrought into whatever new fabric the steadily evolving life of nursing may require.

Miss Shaw was the first nurse instructor in Canada. She was the organizer and first director of the School for Graduate Nurses, McGill University, Montreal. It will be remembered that Miss Shaw, then president of the Canadian Nurses' Association, died in England en route home from the Interim Conference of the I. C. N. at Geneva.

In addition to the story of Miss Shaw's professional life, the booklet contains portraits and sketches of the work of Edna M. Auger, of Alberta; Anne Grace Mouat, British Columbia; Mary Ellen Birtles, Manitoba; Eliza Parks Hagan, New Brunswick; Mary Agnes Snively, Ontario; Sarah Jean Arthur, Prince Edward Island; Jeanne Mance, Quebec, Canada's first nurse; Nora G. E. Livingston, Quebec, who established the first three-year course in America; and Lily E. Bristow, Saskatchewan.

PRACTICAL DIETETICS. Diet in Health and Disease. By Alida Frances Pattee. Seventeenth edition. 856 pages. A. P. Pattee, Mount Vernon, N. Y. Price, $2.75.

THIS new edition is a great step forward in the coördinating of recent dietetic material. Because of the constant increase of knowledge of food and nutrition, it contains new information to meet the present-day theories.

The contents of this book are divided into three parts. The first seven chapters, or first part, cover the principles of nutrition; the second part, consisting of four chapters, gives the practical application of these principles to foods, how to cook and serve them, also calculated recipes. The third and last part outlines the application of foods to various diets. This is very extensively done in seventeen chapters.

The portion of Chapter One dealing with vitamins gives the very latest material concerning their sources and function.

A complete appendix, made up of tables, is included.

Every nurse, graduate or student, should own this book. In fact, every home would be safer if it were used for reference.

The author has spent much time, with worth-while results, in compiling this latest edition.

BERTHA M. WOOD,
East Northfield, Mass.

Books Received

THE MEDICAL DEPARTMENT OF THE UNITED STATES ARMY IN THE WORLD WAR. Volume X. Neuropsychiatry. In the United States by Col. Pearce Bailey, M.C.; Lieut.-Col. Frankwood E. Williams, M.C.; Sergt. Paul O. Komora, M.D. In the American

Expeditionary Forces by Col. Thomas W. Salmon, M.C. and Sergt. Norman Fenton, M.D. Prepared under the direction of Maj.-Gen. M. W. Ireland, The Surgeon General. 543 pages. U. S. Government Printing Office, Washington.

THE NURSE'S PRONOUNCING DICTIONARY OF MEDICAL TERMS AND NURSING TREATMENT. Twelfth edition. Compiled by Honnor Morten. Illustrated. 246 pages. Faber and Faber, Ltd., London. Price, 3/6. A convenient little book which is really "pocket size."

CLINICAL LABORATORY METHODS. By Russell Landram Haden, M.A., M.D. Third edition. Illustrated. 317 pages. The C. V. Mosby Company, St. Louis. Price, $5.

BANDAGING. By A. D. Whiting, M.D. Illustrated. 155 pages. W. B. Saunders Company, Philadelphia. Price, $1.75.

TRAINING SCHOOLS FOR DELINQUENT GIRLS. By Margaret Reeves. Illustrated. 455 pages. Russell Sage Foundation, New York. Price, $3.50.

DIFFICULT DAUGHTERS (AND SOME OF THEIR PROBLEMS). By Jessie March. 47 pages. John Bale, Sons & Danielsson, Ltd., London, 1929. Price, 6d. net.

ESSENTIALS OF MEDICINE. By Charles P. Emerson, M.D., and Nellie Gates Brown, R.N. Ninth edition, revised and reset. 588 pages. Illustrated. J. B. Lippincott Company, Philadelphia, 1929. Price, $3.

It will be remembered that this valuable book was thoroughly revised only last year The new edition is a still further improvement of an old friend. The addition of considerable detail to the Table of Contents is a great improvement.

TEACHING HEALTH IN FARGO. By Maud A. Brown. 142 pages. Illustrated. The Commonwealth Fund, Division of Publications, New York, 1929.

FIVE YEARS IN FARGO: Report of the Commonwealth Fund Child Health Demonstration in Fargo, North Dakota, 1923–1927. The Commonwealth Fund, Division of Publications, New York, 1929.

DISEASES OF CHILDREN. By Sir Archibald E. Garrod, K.C.M.G., D.M., The Late Frederick E. Batten, M.D., and Hugh Thursfield, D.M. Second edition edited by Hugh Thursfield, D.M., and Donald Paterson, M.D. 1106 pages. Illustrated. William Wood and Company, New York, 1929. Price, $13.

PHYSIO-THERAPY IN GENERAL PRACTICE. By B. Ellis Clayton, M.B. Second edition. 231 pages. Illustrated. William Wood and Company, New York, 1928. Price, $3.50.

AGELESS YOUTH. By Charlotte C. West, M.D. 466 pages. Thomas Y. Crowell Company, New York, 1929. Price, $3.

AIDS TO MEDICINE. By James L. Livingstone, M.D. Fourth edition revised. 414 pages. William Wood and Company, New York, 1929. Price, $1.75.

SOLUTIONS: HOW TO PREPARE AND USE THEM. Fourteenth edition, thoroughly revised, rearranged and enlarged. 38 pages. Lakeside Publishing Company, New York, 1929. Price, 35 cents.

DIABETICS. A manual for persons suffering from Diabetes Mellitus. John Knowles Lund, M.R.C.S., L.R.C.P., D.P.H. 87 pages. The Scientific Press, Faber and Faber, Ltd., London, 1929. Price, 3/6 net.

THE MEDICAL DEPARTMENT OF THE UNITED STATES ARMY IN THE WORLD WAR. Volume XII. Pathology of the Acute Respiratory Diseases, and of Gas Gangrene Following War Wounds. Prepared under the Direction of Maj. Gen. M. W. Ireland, the Surgeon General, by Maj. George R. Callender, M.C., and Maj. James F. Coupal, M.D. 583 pages. Illustrated. U. S. Government Printing Office, Washington, 1929.

THE ROAD TO HEALTH: The Jayne Foundation Lectures for 1929. By C.-E. A. Winslow, Dr. P. H. 151 pages. The Macmillan Company, New York, 1929. Price $2.

This book is made up of a series of lectures delivered at the Jayne Foundation. The three subjects, "Man and His Environment," "Learning the Game of Life," and "The Physician in the Modern State" are discussed with all Dr. Winslow's usual suavity. The lectures are an arresting and charming blend of facts with the very poetry of existence.

Official Directory

International Council of Nurses.—Sec., Christiane Reimann, 14 Quai des Eaux Vives, Geneva, Switzerland.

The American Journal of Nursing Company.—Offices, 370 Seventh Ave., New York.—Pres., Bena M. Henderson, Milwaukee Children's Hospital, Milwaukee, Wis. Sec., Stella Goostray, Children's Hospital, Boston. Treas., Mary M. Riddle, care American Journal of Nursing, New York, N. Y. Elsie M. Lawler, Baltimore; Sally Johnson, Boston; Mrs. Elsbeth Vaughan, St. Louis; Elizabeth G. Fox, Washington, D. C.

Committee on the Grading of Nursing Schools.—Director, May Ayres, Burgess, Ph.D., 370 Seventh Ave., New York.

The American Nurses' Association.—Headquarters, 370 Seventh Ave., New York. Pres., S. Lillian Clayton, Philadelphia General Hospital, Philadelphia, Pa. Sec., Susan C. Francis, Children's Hospital, Philadelphia, Pa. Treas., Jessie E. Catton, New England Hospital for Women and Children, Dimock St., Boston 19, Mass. Headquarters Dir., Janet M. Geister, 370 Seventh Ave., New York. Sections: **Private Duty,** Chairman, Anna C. Gladwin, 268 E. Voris St., Akron, O. **Mental Hygiene,** Chairman, Effie J. Taylor, New Haven Hospital, New Haven, Conn. **Legislation,** Chairman, Josephine E. Thurlow, Cambridge Hospital, Cambridge, Mass. **Government Nursing Service.** Chairman, Elinor D. Gregg, Bureau of Indian Affairs, Dept. of the Interior, Washington, D. C. **Relief Fund Committee,** Chairman, Carrie M. Hall, Peter Bent Brigham Hospital, Boston. **Revision Committee,** Chairman, Marie Louis, Muhlenberg Hospital, Plainfield, N. J.

The National League of Nursing Education.—Headquarters, 370 Seventh Ave., New York. Pres., Elizabeth C. Burgess, Teachers College, New York. Sec., Stella Goostray, Children's Hospital, Boston. Treas., Marian Rottman, Bellevue Hospital, New York. Ex. sec., Nina D. Gage, 370 Seventh Ave., New York.

The National Organization for Public Health Nursing—Pres., Mrs. Anne L. Hansen, 181 Franklin St., Buffalo, N. Y. Director, Katharine Tucker, 370 Seventh Ave., New York.

Isabel Hampton Robb Memorial Fund Committee.—Chairman, Elsie M. Lawler, Johns Hopkins Hospital, Baltimore, Md. Sec., Katharine DeWitt, 370 Seventh Ave., New York.

New England Division, American Nurses' Association.—Pres., Edith Soule, State Dept. of Health, Augusta, Maine. Sec., Elizabeth Van Patten, 35 Elm St., New Haven, Conn.

Middle Atlantic Division.—Pres., Jane E. Nash, Church Home, Baltimore, Md. Sec., Marion Durell, City Hosp., New York.

Mid-West Division.—Pres., Mabel Dunlap, Moline, Ill. Acting Sec., Eugenia Kennedy, 309 Traction Terminal Bldg., Indianapolis, Ind.

Northwestern Division.—Pres., Mrs. Elizabeth Soule, University of Washington, Seattle, Wash. Sec., Katherine Leahy, University of Washington, Seattle, Wash.

Southern Division.—Pres., Jane Van De Vrede, 131 Forrest Ave., N. E., Atlanta, Ga. Sec., Bernardine Bryant, Selma, Ala.

Nursing Service, American Red Cross.—Director, Clara D. Noyes, American Red Cross, Washington, D. C.

Army Nurse Corps, U. S. A.—Superintendent, Major Julia C. Stimson, War Department, Washington, D. C.

Navy Nurse Corps, U. S. N.—Superintendent, J. Beatrice Bowman, Bureau of Medicine and Surgery, Department of the Navy, Washington, D. C.

U. S. Public Health Service Nurse Corps.—Superintendent, Lucy Minnigerode, Office of the Surgeon General, U. S. Public Health Service, Washington, D. C.

Nursing Service, U. S. Veterans' Bureau.—Superintendent, Mrs. Mary A. Hickey, Hospital Section, U. S. Veterans' Bureau, Washington, D. C.

Indian Bureau.—Supervisor of Nurses, Elinor D. Gregg, Office of the Medical Director, Bureau of Indian Affairs, Dept of the Interior, Washington, D. C.

Department of Nursing Education, Teachers College, New York.—Director, Isabel M. Stewart, Teachers College, Columbia University.

State Associations of Nursing

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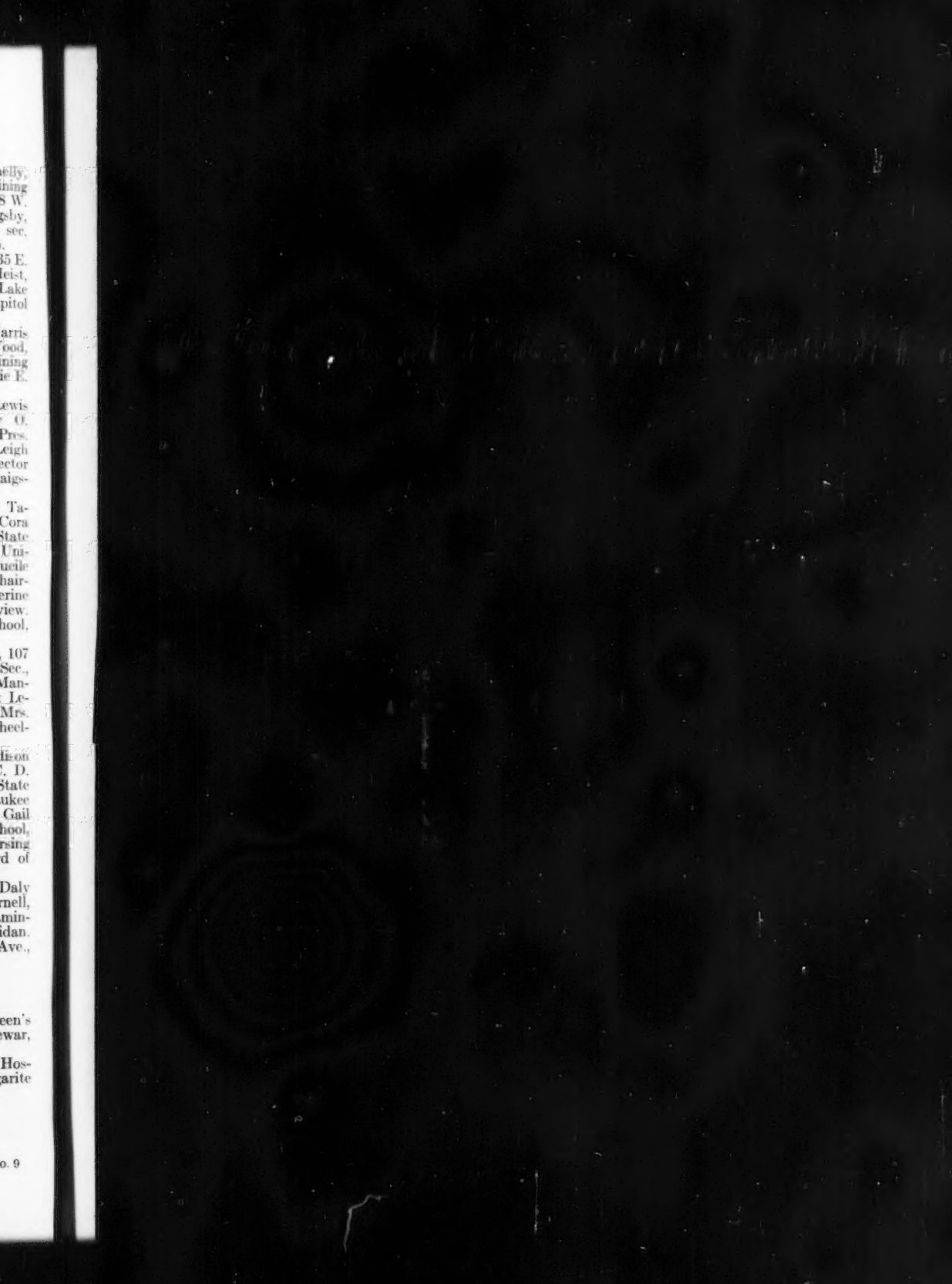
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